AUG 27 2004

Family Studies and Human Development
School of Family and Consumer Sciences
College of Agriculture and Life Sciences

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August 24, 2004

Eric J. Hentges, Director
Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

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Dear Mr. Hentges,

The current Food Guide Pyramid provides no information about portion size. As you are well aware, with our "super sized" society, Americans are often not aware of what constitutes one serving of the food categories. Therefore, I recommend that the Food Guide Pyramid include information that will assist consumers in understanding serving size (such as graphically showing that one serving of meat is equivalent to the size of a normal deck of cards).

The other complicating matter about the food pyramid is that it shows only one side of the equation: calorie intake. Calorie expenditure should be illustrated in some manner to help consumers understand what they would need to do in order to expend extra calories. For instance, walking is a common experience for most American. A graphic of a person walking up the pyramid can illustrate the distance one needs to walk in order to burn off excess calories.

That being said, it may be that the Food Guide Pyramid is just not effective in communicating to the public the information they need about proper nutrition and proper portion sizes. Perhaps it is time to provide more direct and explicit messages about consumption. The fast food industry has done a masterful job of marketing a "super size it" mentality. That needs to be combated with an equally effective campaign to "normal-size it."

Lastly, I believe we do not know enough about Americans' eating habits. Most studies examine eating behaviors as an individual experience. Eating is a social experience most commonly occurring within a family environment. Furthermore, eating is also situational, which means that what we eat and when we eat depends very much on other events occurring at or around the same time. Therefore, I recommend the support of research, similar to that conducted by Dr. Reed Larson, in which he uses the experience sampling method to examine the interactions of family members and their emotional states. In the case of food consumption, we ask respondents, throughout the day, to report on what they ate, who they were with, where they were, and perhaps, how they felt.

Sincerely,

Daniel A. McDonald, Ph.D.
Research Specialist

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Health
Office of Public Health and Science
Washington D.C.

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Eric J. Hentges, Ph.D.
Executive Director
Center for Nutrition Policy and Promotion
U.S. Department of Agriculture
3101 Park Center Drive, Room 1034
Alexandria, Virginia 22302

Dear Dr. Hentges:

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity to comment on the U.S. Department of Agriculture's (USDA) *Federal Register* Notice on the proposed plan for revising the food guide's graphic presentation and consumer education materials. Our detailed comments are enclosed.

Along with USDA, HHS is committed to helping consumers make healthful eating and physical activity choices. The reassessment of the Food Guide Pyramid provides an excellent opportunity for collaboration across agencies in meeting this goal. Several key steps may improve the utility of this consumer tool to help Americans make healthy food choices:

- **Clear and consistent basis for the Food Guidance System.** Recommendations should promote good health and lower risk of chronic disease. Nutrient adequacy, controlling calories and reducing risk of chronic disease should take precedence over basing diets on current food choices.
- **Collaboration between HHS and USDA.** It is important that the two agencies work together to develop both the Food Guidance System and the consumer education materials developed from this system. This will ensure that the information is consistent and reflects the most current nutrition and health science.
- **Harmonization between the Food Guide Pyramid and the Nutrition Facts label.** Both of these important educational tools are helpful for consumers to use when making food choices in the context of a healthful diet. The use of household measures in the communication of the Food Guidance System should help to increase consumer understanding and ability to choose a healthful diet using the Nutrition Facts label.
- **Retaining the current Pyramid graphic.** Because the current Pyramid is widely recognized as representing Federal food guidance, it may be appropriate to retain its current shape. Any changes should be based on research that examines which messages the current graphic or pyramid shape successfully communicates.

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Thank you for the opportunity to provide comments. We look forward to collaborating with you on the reassessment of the Food Guidance System and the development and communication of the *Dietary Guidelines*. My staff and I would be happy to discuss further any questions you may have on these comments.

Sincerely yours,

Cristina V. Beato M.D.

Cristina V. Beato, M.D.
Acting Assistant Secretary for Health

Enclosure

HHS Comments in Response to USDA's *Federal Register* Notice of Proposal for Food Guide Graphic Presentation and Consumer Education Materials

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**General Comments:**

The Department of Health and Human Services (HHS) appreciates the opportunity to provide comments on the Food Guidance System graphic presentation and consumer education materials. We commend the U.S. Department of Agriculture (USDA) for requesting comments in the *Federal Register* which affords an inclusive, open process for all individuals and organizations.

Historically, HHS and USDA have collaborated on the development of the US *Dietary Guidelines for Americans*. It would also be valuable to collaborate on the Food Guidance System. However, to date, HHS has not been directly involved in the development of the Food Guidance System (USDA Food Guide Pyramid) or the consumer education materials that USDA developed from the Food Guidance System. HHS would like to convey the merits of early joint collaboration between USDA and HHS working together to develop both the US Food Guidance System and the consumer education materials developed from the guidance system.

Inclusion of HHS in the development process would allow for contribution of the expertise of HHS scientists, especially in the fields of nutrition, human physiology, medicine, dietetics, food safety, communication, consumer education and behavior. Collaboration provides an additional level of scrutiny and a level of checks and balances that is essential for national nutrition guidance. While HHS has had a consultative role, a collaborative one would be more useful. HHS affords a myriad of expertise to enhance the process; it is important to note that many HHS staff will communicate the new graphic to their clients (e.g., Indian Health Service). Collaboration would aid the users of the graphic to provide input that could result in ease of its use in our programs.

The Food Guidance System should be consistent with all of the *2005 Dietary Guidelines for Americans*, including those addressing physical activity and food components that should be limited. Consumption of nonfat/ low-fat/ no added sugars/ low salt/ naturally fiber-rich choices should be emphasized throughout this system.

**Specific Comments**

If the graphic becomes more of a logo or icon, there should be strict guidelines and an approval process for any non-federal use of the logo. It is questionable whether any commercial use should be allowed, if the graphic may appear without any accompanying food guidance text.

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**A) Advantages and disadvantages of retaining current shape (pyramid) for graphic and other potential shapes to use as representative of the overall Food Guidance System.**

There are some data to support use of the pyramid shape. Various shapes were tested in the early 1990s to determine which shape (pyramid, bowl, etc.) best conveyed the concepts of balance, proportionality and moderation. To our knowledge, no additional experimental work has been done to test various options since then. If the shape of the icon were changed, it should only be changed after appropriate data were amassed to justify the change.

Any shape that is used to represent the Food Guidance System should convey the concept that each food group contains a range of more healthful and less healthful food choices. For example, foods in the vegetable or grains groups that are battered and fried or that have sugar added would be less healthful choices than fresh or frozen vegetables or ready-to-eat cereal.

***Advantages of retaining current shape***

**Awareness**

An advantage is that the shape (pyramid) is now a recognizable shape in the U.S. The introduction of other shapes at this point could introduce confusion in an area where confusion is already rampant. Because the Pyramid is well recognized, it may be of value to retain it in the educational materials. If the shape is changed, there should be a good reason.

**Brand identity**

Consumers recognize that the Pyramid is a message from the Federal nutrition community, a credible source to many consumers, even though some consumers may not understand or recognize the Pyramid as a standalone graphic/icon, nor use the Pyramid in planning their meals/food intake. The challenge is to effectively communicate how to make the right food choices using the existing shape, and to provide additional assistance to consumers for doing this. We strongly suggest that graphics are an essential and effective method for communication. The pyramid shape has become very familiar to consumers and has been somewhat effective in communicating basic messages.

**Modifications to current shape**

HHS cautions against over-simplifying the pyramid. Many people will not seek out additional information. For these individuals, the graphic should convey as much information, and as simply expressed, as possible. However, we do believe that clarifying "servings" and emphasizing and clarifying variety within each food category could improve the current graphic.

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If the Pyramid shape is retained, then the food groups and the subgroups within the Pyramid should be clarified. In an effort to help consumers improve food choices and be consistent with the scientific basis of the Dietary Guidelines Advisory Committee recommendations, the following are some suggestions for change:

- The Food Guidance System should be consistent with all of the *2005 Dietary Guidelines for Americans*. Reinforcing healthful food choices such as energy balance and limiting saturated fat and sodium intake should be communicated by the graphic.
- Numerous icons have been used internationally. Their merits should be examined.
- One option is that the base of the Pyramid (the 1st tier) be divided into three equal sections showing fruits, vegetables, and grains. The middle (2nd) tier could be the 2 sections for dairy products and meats/legumes, and the top (3rd tier) could be foods high in fat and/or sugar (i.e., most desserts) and alcoholic beverages.
- Another option is to arrange the food groups vertically, radiating from a base of physical activity. This option would communicate energy balance and choices within each food group that should be chosen more or less often based on the saturated and *trans* fat and sodium contents of the foods.
- Another example could be to present the food group servings in terms of equivalent calorie levels.
- If the current pyramid shape is retained, the graphic should convey the "better" choices within each group (e.g., whole grain products for the grain group; leafy and red/yellow vegetables for the vegetable group; citrus fruits, berries, and deep yellow fruits for the fruit group; legumes, lean meats, and poultry without skin for the meat/legume group; and low/non-fat milk, yogurt, and cheese for the dairy group).
- If the Pyramid shape is retained, consider making use of its three-dimensional shape to convey the importance of physical activity on the facing side.
- Perhaps a stick figure indicating physical activity (e.g., stick figure on the run), could be used to incorporate physical activity into the new graphic.

***Disadvantages of retaining current shape***

Although the current Pyramid shape is well-recognized, it may also be broadly misunderstood and has been the subject of criticism. We suggest considering the relative pros and cons or re-positioning it and clarifying misconceptions vs. starting fresh.

**Missing concepts**

The existing graphic as a standalone does not convey messages related to portion size, types of fat, or amount of salt or sugars in various types of foods shown in

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the pyramid. It also does not stress how frequently a food should be eaten (daily vs. sometimes).

**Complexity**
The current pyramid also requires the reader to study the graphic, understand the concepts, and then apply them to their meals and life. Some nutrition concepts may be too complex to be compatible with the current guide, for example types of fats are not explained in the current food pyramid.

**Consumer confusion over multiple Pyramids**
Unfortunately, the current pyramid sparked the development of other versions in efforts to better convey key nutritional concepts to the public (e.g., Harvard Healthy Eating Pyramid; Winnebago Tribe; IHS Diabetes Program; Mediterranean; Old Ways). Multiple food pyramids may make it difficult for the consumer to apply the concepts to their existing personal meal patterns.

**A potential new graphic**
It may be appropriate that a new graphic be developed. There are many elements to consider and messages that could be conveyed by a new graphic such as:

- The plate method utilized by the American Diabetes Association could be considered. It contains elements that have been tested and been successfully used for several years.
- A new graphic should convey types of foods consumed at meals and snacks and recommended portion sizes both through visual elements and written words.
- A new graphic could convey the types of foods that are recommended at meal times and snacks (e.g., fruit, milk, and grains at breakfast). It is also possible that a new graphic could be circular in shape to convey the life cycle and good health. The Canadian Coastal BC Native Food Guide is an example of how this might work. This coastal food guide also includes a picture of a nursing mother.
- The new graphic could allow some foods to fit midway between food groups. For example, potatoes fit midway between vegetables and grains.

**B) Usefulness of proposed strategies to highlight motivational awareness and educational messages.**

We encourage the use of motivational graphics and anticipate that the graphics will motivate people to think about the relationship of foods to their health and make better food choices. We also hope that the graphics will encourage increased physical activity and consumer awareness of the relationship between calories in (food) and out (physical activity). We understand that the motivational graphics may also encourage people to go to a Web site for more information, but hope they will not be limited to the Web site as a source of information.

Despite the best efforts of the Federal government and the nutrition community, the track record of the collective ability to influence dietary behavior and motivate consumers to improve eating habits is not evident. Graphics or changes in graphics are not enough to make such efforts effective. While educational efforts have not been as successful in the past as would have been desirable, educational efforts are probably still the most logical path to take. However, while educational efforts need to link to the graphic, they also need to be separate from the graphic (for example, links to a Web site that allow the consumer to go after and easily find what he/she wants to read, see, or use). We are aware that USDA has developed some interactive website materials and additional guidance, and more may be warranted.

We believe more information in nutrition curricula in schools is needed. There may be additional strategies that could be used and/or incorporated into the Pyramid.

***Use of symbol vs. system***

There could be value in the Pyramid remaining a symbol for its iconic value and an educational tool for healthy eating, to provide a needed framework for communicating multiple messages. Although currently imperfect as an educational tool, the Pyramid could be modified to promote more key messages than it presently does (e.g., to show distinctions within food groups (giving emphasis to whole grains, low/non-fat milk products, legumes, lean meat/poultry and fish) and giving prominence to reducing saturated and *trans* fats, sodium, calories, and added sugars.) The messages would then reinforce these visual representations. If a decision is made to replace the Pyramid, a clear transition strategy is needed so that consumers are not confused by what may be perceived as 'one more' nutrition message rather than an updated replacement that includes supporting materials.

***Suggestions for slogans***

With regard to a slogan, we suggest something like "Think before you eat" or something a bit longer like "Think before you eat. What you eat becomes you and affects your health." Many people seem to eat because food is readily available in work and social environments and at home. Eating may become associated with other activities (watching TV, doing homework, social events) and people may lose track of why and what they are eating. We suggest that a more concerted emphasis on eating for nourishment (and the pleasure of food taste) also be included.

For the icon/graphic that is to be publicly displayed on food products and elsewhere, it would be better to have a motivational symbol – something that inspires people to think about what they are choosing to eat and how it might affect their health or well-being. One example might be something like the current recycling icon that would convey a message like "The foods that you eat become you" or "You are the food you eat."

On the other hand, if the guidance messages are too complex for a single graphic, it's not likely that a slogan could better communicate this complexity. In addition, slogans, media campaigns, print distributions are generally short-lived and therefore would disappear after a relatively short period of time. This would significantly hinder an

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educational campaign having long-lasting effect, unless the program includes a strategy for renewal and updating.

***Partnerships and Coordination with Health Professionals***

The proposed strategy appears well thought out and comprehensive. However, it looks as if the success of the core messages depends on individuals working closely with professionals. As stated in the *Federal Register* Notice, the core messages are intended to help individuals use the food intake patterns in selecting appropriate food choices and amounts, but the detailed food intake pattern information will be disseminated primarily to professionals. We recommend that sufficient detail be made available for individuals who are motivated to make positive behavior changes to make informed choices without having to be guided by a professional.

We also recommend that additional emphasis be given to developing educational materials for professionals. This is based on the limited awareness of the available professional materials for the current system.

***Testing of Messages - Special populations***

It will be important to communicate these messages to diverse audiences. In testing these educational materials and messages, it will be important to include several groups that are in dire need of this information when field testing the draft guide. For example, including American Indian tribes located in different geographical areas in the United States will be useful. Tribes on reservations can provide an excellent opportunity for evaluation due to their isolated environment.

**C) Advantages and disadvantages of the plan to individualize guidance in contrast to use of more generalized messages.**

HHS recommends development of both types of general and individualized nutrition education messages depending on how and to whom they are communicated. Generalized messages can also be useful to provide framework for individualized messages.

General guidance is appropriate for those in the pre-contemplative stages of change and individualized guidance is appropriate for those who are ready to make some changes. It is critical that individualized messages motivate consumers and that the messages resonate with them personally.

However, it must be clear that the individualized messages are "individual" to a group based on their age, sex, and physical activity level, and not "individual" to any one particular person. This is not individualized guidance, but it does reach large age/sex/health status stages.

Development of effective messages will require a clear understanding of the types of guidance that can be applied generally and when it is appropriate to individualize recommendations. The Dietary Reference Intakes process incorporates individual variation and yet is able to identify recommendations that are appropriate for the population. The *Dietary Guidelines* also identify the types of changes that individuals must make to achieve population targets that are important for lowering disease risk in the population.

It is important to keep in mind that too many messages and tools may clutter, even overwhelm, the receiver. This could discourage consumers and possibly turn them off. Individualized messages could be valuable for individuals who may not take the extra step to look at the Web site for more information. It is helpful to categorize the levels based on the consumer's interest and needs. Communicating actionable nutrition messages is recognizably a big challenge.

One suggestion with respect to the Pyramid is a series of pyramids for children, adolescents, active and inactive adults, and the elderly (e.g., pyramids by age, physical activity, and/or health status). Consumers could choose the pyramid that best fits them. This would be individualized guidance for large demographic groups. However, it may be difficult and confusing for consumers to have many different food guidance plans. It is difficult for consumers to understand how to determine their energy needs, and it would therefore be difficult for them to select among plan based on different calorie levels. Setting priorities and simplification will not be easy and consumer testing will be essential.

Another suggestion is to construct an interactive personalized pyramid for the consumer, based on user-provided personal characteristics and food preferences on the Web site.

***Special populations***

Although the focus might be on a generalized message, additional guides would be needed for American Indians and Alaska Natives. These population groups may find useful an easy-to- understand guide to help in the selection of a healthy diet and it would be possible to include native foods in the guide. Improved nutrition choices play a role in decreasing health disparities for American Indians.

In developing the food guide, consider and include needs of low-income people. Lower income people are often the recipients of government food and nutrition programs that utilize the food guide system.

**D) Advantages and disadvantages of the planned focus on core messages in contrast to use of a graphic to represent educational messages.**

We concur with the planned focus on core messages. Although graphic representations are appropriate for single concept messages, they are difficult to use for complex

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messages such as dietary guidance. However, HHS cautions against over-simplifying the Pyramid. Many people will not seek out additional information.

The development of the graphic, the slogan, the interactive personalized guidance, and the print materials should all be based on communications research. It is understood that a limited amount of research will be included as part of the contracted development. However, a thorough review of the peer-reviewed literature in this area (communications research related to health behavior messaging) should be conducted as well. Research including special populations with health disparities also will be important.

The educational messages should be separate from the core message or be linked to it, to provide more information. Too many messages and links will result in information overload. In continuation with the above idea, while the USDA Pyramid builders and maintainers should not respond to food fads, they should be sensitive to getting the message out to the public on misinformation and food fads. The messages should be individualized to the extent possible to reflect sensitivity to food fads.

The Pyramid should be the central core graphic or icon to provide an overall theme. The *Federal Register* notice indicates that "core messages will give specific recommendations for making food choices and will be sufficiently detailed to be actionable. They are proposed as directional statements that will improve food choices for most Americans in comparison to their typical choices." This is critically important and represents a major change from the previous guide. The three suggested core concepts (keep caloric intake balanced with energy expenditure; promote nutrient dense food choices; lower diet-related chronic disease risks by decreasing certain food components) are seemingly generally sound. However, a definition of nutrient dense foods has not yet been determined and agreed upon. Have these messages yet been tested? It is difficult to comment without knowing the results of those tests. For the third core concept, we suggest translating the nutrients (calories, saturated fat, *trans* fats, cholesterol, and sodium) into foods to help consumers understand which foods to limit. We also suggest as another core message that people should stop and think before they eat.

In particular, it seems, the public needs to know explicitly those key aspects of the food patterns that help them meet the criteria for nutritional adequacy, macronutrient balance, and so on. Thus, information about the following must be obvious to a variety of users:

- amount of whole grains needed;
- optimum proportions of dark green vegetables and legumes within the vegetable group;
- the relative amounts of juice vs. whole fruit;
- the appropriate variety of choices within the meat, fish, poultry, dry beans group;
- the concept of discretionary calories, such as how limited solid fats and added sugars need to be to maintain calorie balance;
- clarify that intake of solid fats and added sugars are not goals

- clarify the limited range of foods that make up the food composite (i.e. if you choose not to drink skim milk, you are using some of your solid fat allowance)

We need to encourage consumers to think about their choices before they put items in the shopping cart, place orders in restaurants, select vending machine foods, or go down the buffet line. This message would be especially good if the motivational graphic somehow conveyed the importance of "think before you eat" or "remember, what you eat becomes you" or "remember, you are what you eat."

Literacy level should be appropriate. Because the health literacy skills of the population vary, it is important to develop messages and guidelines in a way that address differences in understanding of various health terms. Differences in educational level, culture and primary language should be considered as potential barriers to understanding. Nutrition education materials also will be needed that are appropriate for young children.

**E) Key components for effective interactive educational tools.**

Communicating daily intake patterns based on age, sex, and activity level through interactive tools might appeal to highly motivated individuals who take the time and effort to work with such Web tools. But depending on these interactive tools to work in large group situations, in educational environments where access to computers is limited, or to be effective with low-literacy, non-English speaking groups seems unrealistic. Using these tools often requires guidance, time, practice, and patience. Some existing tools, such as the Healthy Eating Index (HEI), are somewhat complicated for unsophisticated users. In addition, there are currently numerous interactive diet-related tools already being promoted on the Web. If the HEI is to be incorporated into the Food Guidance System, external evaluation is necessary to judge its effectiveness to motivate behavior change among consumers. Such evaluation should be structured to identify research needed to improve this tool.

***Other modes of communication***

We concur with the proposal to develop a portfolio of interactive, educational tools. However, we suggest specific attention be focused to develop tools for reaching hard-to-reach populations, such as rural, minority, elderly, low-literacy, and other vulnerable populations, such as Native Americans. Native people have high rates of obesity and diabetes and need a nutrition guide that applies to their lives. Native Americans on reservations rarely own a computer--however, health care providers and school teachers may have computers. In addition, many low-income people often do not have easy access to computers. The guide should specifically target (or include) lower income households.

***Nutrition Facts Label***

From an education and communication perspective consumers should learn about the new Food Guidance System and the Nutrition Facts label at the same time. These two tools should not be presented or viewed as independent learning tools. Instead, they

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While the release of the new dietary information, including the Food Guidance System, will make news and engender curiosity for a short period of time, other means of sustaining interest and education will need to be considered. We suggest once again the need to develop materials that combine Food Guidance with label use to reach shoppers at supermarkets, children in schools, students in colleges, etc. Even considering non-traditional venues such as movie theaters (including previews and ads), sport events, senior centers, health clinics, and fitness centers would help get some of this information into the hands of everyday consumers.

**Additional comments:**

**Technical basis**

We recognize the value of providing familiar food choices with the Food Guidance System. However, an inherent problem in the foundation of the Food Guidance System is the meticulous adherence to the exact proportions of foods currently consumed by Americans which are used to form food composites. These food composites are based on the weighted average of the nutrient contents of current consumption. These weighted composites then are used to determine the quantity of food to recommend to eat within each food group or subgroup to meet the Dietary Reference Intakes at specific calorie levels in the Food Guidance System. Because the current diet of many Americans is not healthful, basing the food patterns on these weighted food composites may impose serious limitations in guiding people to make healthier choices. For example if current consumption does not include rich sources of potassium, vitamin E, omega-3 fatty acids, or fiber, this could result in recommending larger quantities of food groups to achieve the recommended levels, bringing along extra calories.

Providing lists of foods rich in certain nutrients, instead of incorporating these levels into the food patterns, implies that it is the individual's option to choose to meet their optimal nutrient intakes. For example, the Food Guidance System food patterns at some calorie levels may fall short of the Adequate Intake for potassium just because most Americans do not currently consume foods that are rich in potassium. Similarly, the Food Guidance System food patterns at some calorie levels exceed recommended sodium intakes. These standards were set based on their effects on health, regardless of caloric consumption.

In previous comments, HHS supported using sedentary, reference-sized individuals. This is a useful approach that is highly relevant to the current realities and basing the nutritional goals on the Institute of Medicine's Dietary Reference Intakes and Recommended Dietary Allowances is appropriate. We also maintain that using cups and tablespoons are user-friendly measures, but may be taken colloquially and not interpreted technically. For instance, people may take a cup to mean the size of the cups they regularly use, rather than an 8 oz cup. It would be useful to also list ounces and grams as standard measures that are easily comparable in different settings.

Providing more guidance on fats (saturated and unsaturated) is useful. The allowances for added sugars seem appropriate. It would be useful to underscore the fact that the total

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calorie intake is an important factor and people should limit total calorie intake and not just the fat intake.

**Serving sizes**

There appears to be much confusion regarding serving/portion sizes. The current pyramid does not adequately convey what a "serving" of grains means, for example. Many individuals do not understand that a typical plate of pasta may contain several servings. The graphic representing the Food Guidance System should accurately reflect serving sizes. Individuals should not have to guess or search out the information.

The use of household measures that were proposed for use in the Food Guidance System may reduce consumer confusion and alleviate some of the confusion over what constitutes a "serving". To the extent possible, we will work together to coordinate the Food Label servings and the Food Guidance System.

**Variety**

The Food Guidance System and its accompanying graphics should clarify the variety of foods within the various categories. For example, we believe there should be information on how ethnic foods and combination foods (e.g., casseroles) can fit within the system.

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Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 park Center Drive, Room 1034
Alexandria, VA 22302

Dear Dietary Guidelines Advisory Committee:

The principal responsibility of the Food Guide Pyramid Reassessment Team is to revise the current U.S. dietary guidelines. I believe you have the additional responsibility to educate the public regarding good nutrition and keep your recommendations free of undue influence by the meat and dairy industries and political pressure.

The public needs to know the facts regarding good nutrition. The optimum diet that supports health is a low fat vegan diet that emphasizes complex carbohydrates. The preponderance of the scientific literature supports this position as does the Physicians Committee for Responsible Medicine. The American Dietetic Association's position on vegetarian diets states, "appropriately planned vegetarian diets are healthful, are nutritionally adequate, and provide health benefits in the prevention and treatment of certain diseases."

The three top categories on the food pyramid, Fats, Oils & Sweets, Milk, Yogurt & Cheese, and Meat, Poultry, Fish should be portrayed as optional. It should be made clear that these categories are not necessary for good nutrition since all nutritional needs are provided by the bottom three categories. The Committee should also point out in the Food Guide Pyramid the health risks inherent in eating from the top three categories.

In educating the public it is particularly important to dispel the myths perpetuated by the meat and dairy industry that adequate protein and calcium can only be obtained from meat and dairy products. I am particularly concerned with the inclusion of dairy products in the Food Guide Pyramid. The present guidelines are presented in such a way that leads the public to believe the only source of calcium is dairy products and that dairy builds strong bones. The facts are that dairy products include animal protein that flushes calcium from the bones contributing to osteoporosis. Dairy products can be high in saturated fat, cholesterol and environmental toxins which can contribute to heart disease, diabetes, and cancer. It does not have fiber and many people are allergic to it or are lactose intolerant. Please refer to PCRM's www.strongbones.org and Dr. John A. McDougall's articles about dairy on his web site at www.drmcdougall.com, click on "Newsletter Archives" "April 2003" for "Dairy Products – 10 False Promises" and the "May 2003" for "Marketing Milk and Disease". There is a serious question as to whether dairy products should be included in the Food Guide Pyramid even as optional. If included the risks should be clearly stated.

My other concern about the present pyramid is that legumes and nuts are shown along with animal products. The public is led to believe that the best and only source of protein are animal & animal products. There are more health promoting protein sources than animal and animal products. Humans can get plenty of complete proteins from plant-based foods and this should be pointed out in the Food Guide Pyramid.

Updating of the Food Guide Pyramid is vitally important to the health of the nation. I hope that the results of your work will portray the preponderance of the scientific literature on good nutrition and not be unduly influenced by the meat and dairy industries. The public deserves the truth.

Sincerely,

Ann W. Wheat

Belvedere, CA

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Florida Department of Agriculture and Consumer Services
CHARLES H. BRONSON, Commissioner
The Capitol • Tallahassee, FL

Please Respond to:

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August 24, 2004

Food Guide Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive – Room 1034
Alexandria, Virginia 22302

**Food Pyramid Comments**

I support action by the Dietary Guidelines Advisory Committee to recommend that consumers eat 5 to13 servings of fruits and vegetable a day, depending on their calorie needs. To compliment this recommendation, the Food Guidance System should reflect this increased emphasis on fruits and vegetables. Placing fruits and vegetables prominently in the graphic is the best way to most accurately reflect the emphasis the Committee has chosen to place on fruit and vegetable consumption. Assuming the current shape of the pyramid is retained, it is important that fruits and vegetables be clearly shown at the bottom to graphically represent these recommendations.

Across the board, consumers in all age groups – from the very young to the elderly – are not meeting dietary recommendations for fruit and vegetable intake. In order to start moving consumers beyond the basic recognition phase of the pyramid, the use of graphic and key messages that focus on those areas in most need of change become critical if we are to effect real change in behavior and dietary habits.

Given the prominence of fruits and vegetables in the current Food Guide Pyramid and what we know about their important role in disease prevention and health promotion CNPP is urged to develop messages targeted toward consumers that will close the existing gap between recommended intake and actual intake as well as address the lack of variety currently consumed.

I support building on the equity in the Pyramid as long as it clearly communicates the need for consumers to make wise choices and specifically, as described above, to increase fruit and vegetable intake.

Respectfully submitted,

Carole Strange

Carole Strange
Program Administrator
Florida Department of Agriculture and
Consumer Services

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Food Guide Pyramid Reassessment Team
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3101 Park Center Drive, Room 1034
Alexandria, VA 22302

Dear Food Guide Pyramid Reassessment Team:

I would like us to maintain the current shape of the USDA Food Guide Pyramid graphic. My reasons for this are:

1) The pyramid graphic had greater recognition (80% of the public) than any other food group system graphic we have used both in the United States and globally. The consumer research on the different shapes was valuable and the industry responded by utilizing the food guide pyramid extensively. I would rather see us put research and development resources into developing or modifying current graphics that could communicate some of the accompanying pyramid educational concepts we have been ineffective in conveying to consumers.

2) The limited industries developing educational tools to teach about the pyramid have invested in the current shape. Developing a new shape at this time in our economy when there is even less time for nutrition education in public schools would be detrimental to having resources to educate students beyond the current pyramid graphic message. I would prefer we keep or enhance the current Food Guide Pyramid graphic so that it would allow industry as well as individuals to invest time and resources on the educational messages that were intended to accompany the current graphic.

We have a real opportunity to focus on specific messages. The pyramid graphic and education information along with the Dietary Guidelines is used throughout all our USDA food assistance programs. Focusing on the key messages that we have failed to address in nutrition education across our food assistance program efforts would be a better use of our resources than redoing the Food Guide Pyramid graphic.

3) Many other countries have utilized our research and adapted a pyramid graphic based on the US Pyramid. I had the opportunity to attend an international session at the 2004 Society of Nutrition Education (SNE) meeting where food pyramid graphics from different countries were explored.

It was obvious from learning about how their pyramids were developed that the resources for research and development were quite limited in these countries. Not only would a new graphic impose a hardship on many in the U. S. it would on

Schure
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nutrition educators in these countries as well. If the United States is truly committed to working globally for the health of all individuals, our resources would be better utilized conveying the key education messages that research has shown consumers missed.

One of the individuals in the SNE international session audience had worked for a semester with a group of students at their university to develop their country's pyramid graphic. Cultural foods and customs had been incorporated. A number of countries had also worked to graphically depict some of the educational messages from the information in the U.S. Food Guide Pyramid booklet. I would like to see us explore the opportunity to convey additional messages as these countries did versus spending resources to do consumer research and development for a completely new graphic.

Thank you for soliciting response and I look forward to seeing and using the up-dated food guide.

Sincerely,

Judy Schure

Judy Schure
Colorado Dept. of Education Nutrition Unit

Denver, CO

# Community Action Program of Lancaster County

- Lancaster, PA

Telephone ( - Fax

Child Development - Head Start - Day Care ◆ Outreach Services - Case Management - Housing Assistance - Senior Centers
Adult Socialization ◆ Housing Development


AUG 27 2004

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Wasneuski

1 of 1

August 24, 2004

To Whom It May Concern:

Comments regarding the redesign of the Food Guide Pyramid:

- **Simplify**
- Combine fruit/vegetables category
- "Food Guide" – drop "Pyramid"
- The Circle/Plate is preferred
- Incorporate "how to use" (any keys)

  Ex. Australia, Sweden, Philippines, Canada
- Emphasize portion sizes
- Add "cultural alternatives" such as taco shell, pita, etc.
- Interactive capabilities
- Children and Adult guides
- **Simplify**

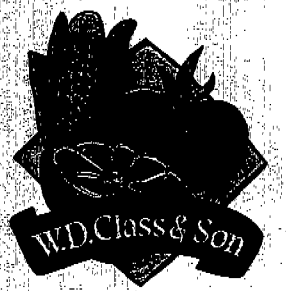
Sincerely,

Sharon Wasneuski

Sharon Wasneuski
WIC Director

SW/eo

AUG 27 2004




*W.D. Class & Son • Wholesale Fruites and Vegetables • Maryland Wholesale Produce Market • Jessup, MD • www.wdclass.com*

August 25, 2004

Class
1 of 1

Dear Team,

In today's health conscious society, the recommendation for 5-13 servings of fruits and vegetables a day would be very beneficial to consumers. Fruits and Vegetables are under-consumed, and there needs to be more of an emphasis in this area for the public. They are a necessity in every diet, and an increase in their consumption will lead to better health. Diets high in Fruits and Vegetables have even been proven to aid in the prevention of cancer. Since they play such an integral role to good health, it would make sense to have them represent the bottom of the Food Guide Pyramid.

The recommended increase to 5-13 is an achievable goal now that more people are aware of the health benefits of fruits and vegetables in their diet. Produce is always easily available in grocery stores, and now with stronger support from school systems and popular national food chains, it is now easier for consumers to find products that offer fruits and vegetables. Schools have begun promoting produce more in their cafeterias, making the products more accessible to kids. These programs urge children to eat healthier and gain rewards from doing so. Popular food chains such as McDonalds, Burger King, and Subway are taking strides as well. These companies now offer healthy items such as salads and Atkins friendly wraps, which feature a large array of fruits and vegetables. Now stores that were primarily focused on unhealthy sandwich products, are promoting healthy fruit and vegetable choices and are becoming more appealing to a consumers. Fruits and vegetables are available everywhere and are not too daunting of a task for a consumer to find.

Having this 5-13 promotion on the final graphic of the pyramid would be very intriguing. By increasing the maximum number of fruits and vegetables consumed a day, more people will strive to reach for a higher average median than in the past. Those who have tried to meet the past requirements but have come up short of the minimum of 5 a day, should ideally aim to increase their consumption due the increase of the maximum requirement to 13. This will strongly encourage consumers to meet the objective in front of them. We support this move and hope that it plays a valuable part in leading to a healthier America.

Sincerely,

The Class Produce Group

Jessup, MD

AUG 27 2004

Martek®

Martek Biosciences Corporation

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August 27, 2004

Beller
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Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive
Room 1034
Alexandria, VA 22302

**Re: Food Guide Graphic Presentation and Consumer Education Materials; 69 Fed. Reg. 42030 (July 13, 2004)**

Dear Sir or Madam:

Thank you for the opportunity to comment on the USDA's proposal for the food guide's graphic presentation and consumer educational materials as part of the Food Guide Pyramid reassessment process. Martek Biosciences Corporation (Martek) develops, manufactures, and sells products from microalgae including specialty, nutritional oils for infant formula that aid in the development of the eyes and central nervous system in newborns and nutritional supplements and food ingredients that may play a beneficial role in promoting mental and cardiovascular health throughout life.

Martek applauds the Agency's efforts to review the food guidance system and the Center for Nutrition Policy and Promotion (CNPP) plans to develop and implement a system that includes focused messages and individualized educational tools. Martek urges the CNPP to affirm the critical role of DHA (docosahexaenoic acid) omega-3 in the educational components developed within the system, namely the core messages and framework that promote key nutrients, especially those that are low in typical diets.

Although the finalized dietary guidelines are not yet available, we have reviewed earlier drafts and it is believed that the finalized guidelines will recommend that consumers eat two or more servings of fish per week, particularly fatty fish that are high in omega-3s, for cardiovascular protective effects. Martek is concerned with this recommendation and we ask that USDA address these concerns in its educational messages for consumers. The FDA Food Advisory Committee (FAC) based its recommendation on fish consumption in large part because fatty fish provide significant sources of DHA and eicosapentaenoic acid (EPA). A review of one of the earlier draft FAC reports establishes that the FAC recognized that the DHA and EPA content of fish is largely responsible for the cardiovascular benefits. As recognized by the FAC and, as discussed in more detail below, there are extensive data supporting the importance of including DHA in the diet. DHA can be found

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from sources other than fish, such as DHA-enriched eggs, foods that are fortified with DHA and dietary supplements. An educational message that focuses on fish, rather than DHA, will fail to inform consumers of the importance of looking for other foods that may be significant sources of DHA. This is of particular concern because there are many consumers who will be unwilling to increase fish intake or who are advised not to increase intake of fatty fish due to concerns with environmental contaminants in fish such as methylmercury.

We believe there are advantages to promoting both generalized guidance and individualized guidance in educational messaging. We agree that universal messaging for key nutrients is important and believe that DHA should be included in these key nutrient messages. We also concur with USDA's note that "one size does not fit all for nutrition guidance," in that nutrient requirements vary among individuals based on age and gender and on physiological states such as pregnancy, lactation, and specific health conditions which also influence the need for certain nutrients. To meet these needs, nutritional supplements or fortified foods may be required as part of a healthy diet. We provide herein suggestions for general and specific consumer messaging, based on supported scientific data, in order to increase consumer awareness of DHA as part of new science-based nutrition guidance and to encourage consumers to make positive, informed choices about the foods they eat.

More generally, while USDA requested comments and recommendations on channels of delivery for the Food Guidance System, Martek recognizes such recommendations, particularly those that have a good chance of being successful, are challenging until the final dietary guidelines have been established. Interested parties may have additional or quite different suggestions and comments after having time to consider the final dietary guidelines upon their release. Nevertheless, we do believe that the Food Guide Pyramid has been a fairly successful, well-recognized graphic and supports the development of a clear, understandable graphic representation to convey the new food guidelines. We also encourage the Agency to develop a website and other materials, in printed brochures and other mediums, that convey detailed information about the guidelines and how consumers can easily and successfully adapt their diets to comply with the guidelines over the long-term within today's lifestyles. Martek urges USDA to design detailed documents (e.g., Question & Answer sheets and other specific materials) that will allow consumers to get the information that they need regarding the food guidelines and sources of key nutrients from a reliable source. The detailed Q&A and other documents are particularly important to address those dietary recommendations that may be specific to subgroups of the population such as young children or pregnant or lactating women.

A recommendation that consumers should seek two or more servings of fish per week is at odds with the advisories issued by FDA and the Environmental Protection Agency regarding methylmercury in fish and shellfish and their consumption by women who are or may become pregnant, nursing mothers and

young children. 1/ The recent joint FDA/Environmental Protection Agency consumer advisory recommends four fish that should not be consumed at all by these individuals due to high mercury levels and stresses the importance of limiting consumption of all other fish to 12 ounces per week (2 average meals). It further recommends that this vulnerable population should limit intake of fish with moderate fat intake, such as albacore tuna, to one serving per week. When developing educational materials, it is imperative that USDA make it clear that women who are or may become pregnant, nursing mothers and young children should not consume two servings of fish due to concerns with methylmercury. Given the importance of dietary DHA to this subgroup, it is imperative that the USDA educational materials direct these consumers to other dietary sources of DHA.

Educating consumers about the specific beneficial nutrient, DHA, will give them the necessary information with which to make fully-informed decisions about the benefits and risks of sources of this vital nutrient. Importantly, the food advisory committee that evaluated methylmercury in fish discussed the consumer advisory in its deliberations and placed significant emphasis on the need to balance potential benefits of fish consumption with the potential risk of methylmercury exposure. 2/ When a food, like fish, is being actively promoted for its health benefits in the diet, there is a critical need for a balanced representation of benefits and risks. 3/ Education about, and promotion of the intake of DHA will help ensure that consumers obtain this nutrient from a variety of sources in the diet, which will decrease the ultimate risks to infants and young children associated with consumption of more than 2 servings of fish per week.

As an educational message, USDA should actively and directly encourage the use of DHA, not merely fish consumption, for a variety of reasons. As recognized in the FAC draft document, the majority of fish currently consumed by the public is finfish and shellfish that provide only a small amount of omega-3 fatty acids. The FAC document reports that "vegetable oils rich in [EPA and DHA] will become an important plant source of these fatty acids." We also note that food products are

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1/ What You Need to Know About Mercury in Fish and Shellfish, 2004 Environmental Protection Agency and FDA Advice For: Women Who Might Become Pregnant, Women Who are Pregnant, Nursing Mothers, Young Children (March 2004) available at: http://www.cfsan.fda.gov/~dms/admehg3.html (accessed Aug. 24, 2004).

2/ Center for Food Safety and Applied Nutrition (CFSAN) Food Advisory Committee Meeting Transcript, Methylmercury, Vol. 1-2 (Dec. 10-11, 2003) available at http://www.fda.gov/ohrms/dockets/ac/cfsan03.html (accessed Aug. 24, 2004).

3/ Indeed, the failure to include a message and information that balances the benefits and the risks of fish and shellfish consumption could lead many consumers to increase seafood and shellfish intake to greater than two servings per week, which would place unborn, nursing, and/or young children at an increased risk of neurological harm from mercury. In addition, the potential adverse effects of high methylmercury levels on cardiovascular health in all consumers should also be disclosed.

available or authorized for fortification as are numerous dietary supplements which deliver convenient and affordable sources of DHA. Consumers should be provided with full information regarding DHA and the array of sources for this nutrient.

Given the significant biochemical and functional differences between short chain omega-3 fatty acids (e.g., alpha-linolenic acid (ALA)) and the long chain omega-3 fatty acids (DHA and EPA), succinct messages specifically for DHA are necessary to assist consumers in maintaining healthy dietary practices. In 2002, the Institute of Medicine (IOM), a subdivision of the National Academy of Sciences (NAS), published *Dietary Reference Intakes: Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids* (IOM Macronutrients Report) which contains an extensive review of the epidemiological and clinical evidence on the health benefits associated with omega-3 fatty acids. The IOM established an adequate intake (AI) and an acceptable macronutrient distribution range (AMDR) for ALA, the omega-3 precursor of DHA. The IOM characterizes ALA as essential because humans cannot synthesize it and because a lack of the nutrient results in adverse clinical symptoms. The IOM notes, however, that "the essential role of [ALA] appears to be its role as precursor for synthesis of EPA and DHA" (p. 8-18). The IOM recognizes the important, seemingly essential, role of DHA and EPA in the diet, by basing the essentiality of ALA on its role as precursor for DHA and EPA.

As discussed above, Martek believes that the food guidelines and educational messages related to omega-3 fatty acids should be specific to DHA. Consequently, we are providing substantial data set forth below to demonstrate DHA's importance and are suggesting a number of related messages on DHA that we urge the Agency to include in its materials. A bibliography of the studies outlined below is attached to this letter.

**Educational Message – "Americans seldom get enough DHA omega-3 from what they eat and should look for foods containing DHA."**

**Educational Message – "Primary dietary sources of DHA omega-3 are limited to fatty fish and organ meats which are not prevalent in the typical American diet."**

**Educational Message – "For consumers who don't eat fish or want alternate dietary sources of DHA omega-3, look for foods fortified with DHA or consider supplementation with a dietary supplement containing DHA."**

Current food consumption patterns suggest that pre-formed DHA in the US diet is progressively decreasing. Consumption of high DHA sources, such as canned sardines, have decreased by half since 1970 (USDA, 1999) and while fish consumption has increased from 1970, 48% of that increase is from fresh/frozen shellfish, a low fat/low DHA source (USDA, 1999).

Pre-formed DHA is the most reliable way to ensure that sufficient DHA is available to meet requirements imposed by growth and nutrient turnover content in tissues. The current CSFII data indicate that the DHA intake in the US averages about 57 mg/day for all individuals.

The recent NHANES specifically over-sampled children 5 years or younger to produce more precise nutrition information in this population group. NHANES data indicate that children in this age group consume only 20-30 mg/day of pre-formed DHA. The NHANES data also provides pre-formed DHA intakes not available from the current CSFII data. Specifically, Mexican American women of child-bearing age seem to be particularly at risk for low DHA status as their estimated intake of pre-formed DHA is only 45 mg/day and their dietary LA:ALA ratio is the highest among all women at 12.1:1. It appears that youth in American (< 18 years) may also be at risk for compromised DHA status as the estimated intake of pre-formed DHA for this population is 30 mg/day with a ratio of LA:ALA of 10.5:1.

Given that the conversion of ALA to DHA may be as low as 8% (Burdge 2004) a maximum of 128 mg of DHA may be derived from ALA assuming an ideal LA:ALA intake. While a dose response study of varying LA:ALA ratios on DHA derivation has not been completed, it has been suggested that a range of 5:1-10:1 is ideal. Current LA:ALA ratios in the US meet or exceed these recommendations in several subpopulations. Regardless, if one assumes that 128 mg of DHA are provided daily from ALA and that the average intake of preformed DHA may be as low as 20-50 mg for certain vulnerable subpopulations, the net DHA status for many may be as low as 148-178 mg.

**Educational Message – "Women who are pregnant or lactating should increase their DHA omega-3 intake by selecting foods that are significant sources of DHA, such as fish, foods supplemented with DHA, or dietary supplements." Women in this group should monitor fish intake due to concerns with methylmercury in fish, a contaminant that can harm an unborn child's and young child's developing nervous system. When selecting fish, these women should follow the following recommendations:**

- **Do not eat shark, swordfish, king mackerel, or tilefish because they contain high levels of mercury.**
- **Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.**
  - **Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.**
  - **Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.**

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- **Check local advisories about the safety of fish caught in your local lakes, rivers, and coastal areas. If no advice is available, eat up to 6 ounces per week (one meal) of fish you catch from local waters, but do not consume any other fish during that week.**

Current literature clearly supports the need for higher levels of DHA during pregnancy, lactation, and growth and development. The data also indicate that intake of pre-formed DHA among these subpopulations is quite low. For example, pregnant and lactating women are reported to have the lowest DHA intake among women of childbearing age with a mean of 52 ± 12 mg/day vs. 62-71 mg/day among women of child-bearing age (14-50 yrs). Children ages 1-5 years also are reported to have low intakes of DHA ranging from 30-50 mg/day.

The fetus has a high requirement for DHA, particularly during the last trimester of gestation when brain tissue expansion is maximal. The brain of a full-term infant at birth weighs approximately 370 g and contains approximately 1 g of DHA (calculated from information provided in Martinez, 1992). If a constant rate of DHA uptake was maintained by the fetus throughout gestation, the fetal brain would deposit approximately 3.5 mg of DHA per day into tissue. It should be noted that plasma DHA does not efficiently cross the blood-brain barrier, and approximately 1 in 60 molecules of DHA present in plasma actually reaches the brain in neonatal primates (Su et al., 1999). Assuming that a similar rate of DHA uptake is observed in fetal brain, approximately 210 mg of DHA per day, throughout pregnancy, would be required to produce the desired DHA accretion in brain. The requirement for DHA by the human fetus is not constant, however, since the most significant rate of brain growth and retinal development occurs during the last trimester (Martinez, 1992). If 75% of the DHA (or approximately 0.75 g) required for intrauterine brain growth is deposited in the last trimester, the brain would accrete approximately 8 mg per day which translates into approximately 480 mg of DHA in plasma daily if the rate of DHA uptake by the fetal brain is similar to that of the baboon neonate.

Higher maternal and infant DHA status at delivery has been related to improved neurodevelopment and function in the newborn. Cheruku et al. (2002) have reported that sleep patterns of full-term infants born to US mothers with higher plasma phospholipid DHA at delivery are suggestive of greater infant central nervous system (CNS) maturity. Helland et al. (2001) have also reported higher EEG maturity scores for term neonates with higher concentrations of DHA in umbilical plasma phospholipids. Increased umbilical fatty acid composition is directly related to maternal status during pregnancy (Helland et al., 2001). Enhanced CNS maturity at birth appears to predict visual function later in life. DHA status at delivery has been linked to early postnatal development of the pattern-reversal visual evoked potential among term infants suggesting that DHA status may influence maturation of central visual pathways (Malcom et al., 2003). This pattern continues to be evident in later life as visual stereoacuity has been found to be significantly enhanced among 3.5 year olds whose mothers reported consuming high DHA diets during pregnancy and who exhibited significantly higher red blood cell phospholipid DHA (Williams et al. 2001). Maternal intake of DHA

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during pregnancy has also been reported to significantly enhance mental processing scores of children at 4 years of age (Helland et al., 2003). Most recently, Colombo and coworkers (2004) reported a significant enhancement of cognitive development at 18 months among children whose mothers had high DHA status at birth. Similar effects have been shown for long-term neurodevelopmental outcomes in newborns fed DHA-supplemented formula or DHA-enriched maternal milk. Not all studies, however, have found a significant association between maternal DHA status at delivery and infant developmental outcomes (Ghys et al., 2002; Bakker et al., 2003).

Recently, the UK Scientific Advisory Committee on Nutrition suggested that a woman would need to accumulate 22-25 g of DHA during her pregnancy to meet fetal demands, support lactation, and satisfy her own intrinsic requirements for DHA. To meet increased needs pregnant women in the US would need to at least double their intake of DHA, yet CSFII data suggests that pregnant and lactating women actually consume less DHA than their non-pregnant counterparts.

Production of milk during lactation places tremendous nutritional demands on the female. DHA levels in breast milk decline during the first several weeks postpartum in women consuming a typical North American diet (Fidler et al., 2000), most likely because dietary DHA consumption and DHA stores are insufficient in maintaining high levels of DHA in milk beyond periods of lactation $\geq$ 8 weeks (Otto et al., 2001). Otto et al. (2001) have indicated that dietary intakes of approximately 90 mg DHA, 1.1 g ALA, and a LA:ALA ratio of 12.5:1 per day fail to support the DHA requirements of lactating women. In the US, lactating women consume about 50 mg of DHA, 1.4 g ALA per day against a 10:1 LA:ALA ratio (CSFII Tables). Importantly, Francois et al. (2003) reported that dietary ALA supplementation (10.7 g/day) of women living in North America has no effect on breast milk or maternal plasma phospholipid DHA indicating that support of maternal DHA status post-partum relies directly on DHA from the diet. Several studies have found that increasing the level of DHA an additional 200 mg (total intake about 300 mg/day) in the diet of lactating women maintains higher breast milk DHA levels (Jensen et al, 2000; Fidler et al., 2000).

Consumption of high levels of DHA, either from breast milk or from formula, appears to have a significant impact on visual and neurological development, not only in the neonatal period, but also in later life. These ranges of observed benefits include improved visual acuity (Uauy, Hoffman et al., 2003), motor development (Birch, Garfield et al., 2000), maturation of sleep patterns (Cheruku, Montgomery-Downs et al. 2002), sustained attention and problem-solving (Willatts, Forsyth et al., 1998; Willatts, Forsyth et al., 2003) and other cognitive measures (Colombo, 2004). Additional studies have reported that supplementation with DHA beyond the neonatal period may improve cardiovascular health and reduce aggressive behavior in children (Hamazaki, Sawazaki et al., 1996; Hamazaki, Sawazaki et al., 1998; Hamazaki, Sawazaki et al., 1999; Engler, Engler et al., 2002; Forsyth, Willatts et al., 2003).

The data establish the importance of increasing DHA intake for women in this subgroup of the population. It is important, however, that these women be informed of the risks associated with fish consumption due to concerns with

methylmercury—a contaminant that can harm an unborn baby's or developing child's nervous system. The educational message must caution women in this group to limit intake of those fatty fish that are significant sources of methylmercury. The Environmental Protection Agency and FDA have issued a joint advisory that provides recommendations on fish intake for women who may become pregnant, pregnant women, nursing mothers, and young children. This advisory language must be included in any recommendation about increasing fish intake in order to make certain that this population is advised of the risks. The advisory is particularly important because the dietary recommendations encourage consumption of at least two fish servings per week while Environmental Protection Agency and FDA have made it clear that individuals in this subgroup of the population should eat no more than two servings of fish per week.

The failure to include a message that balances the benefits and the risks of fish and shellfish consumption could lead many consumers to increase seafood and shellfish intake to greater than 12 ounces per week, which would place unborn, nursing, and/or young children at an increased risk of neurological harm from mercury. USDA should use the same language in its educational materials that is found in the joint advisory issued by FDA and the Environmental Protection Agency on methylmercury in fish. This language would accomplish these purposes by allowing consumers to make informed choices and wise dietary decisions based upon all pertinent considerations.

**Educational Message – "DHA omega-3 is a major structural fat in brain and eyes and is a key component of the heart."**

DHA is an integral component of all membranes in the body. However, compared to other omega-3 fatty acids, DHA is significantly enriched in tissues such as the brain and retina and is essential for optimal function. DHA represents up to 20% of total fatty acids or approximately 1% of the total dry weight of the brain and up to 50% of the fatty acids in the retina (Uauy, Hoffman et al., 2001). The total DHA "content" within tissues is likely greater than that reported in most studies since conventional gas and thin-layer chromatography methods cannot detect DHA conversion products such as resolvins, plasmologens, and docosatriene products (Beaumelle and Vial, 1986; Gronert, Clish et al., 1999; Hong, Gronert et al., 2003).

In contrast, concentrations of the other omega-3 fatty acids, specifically ALA and EPA, in the brain and retina are minimal (Lauritzen, Hansen et al., 2001). In fact, ALA typically represents less than 0.5% of the total fatty acids in cell membranes of any tissue in healthy human adults (Lauritzen, Hansen et al., 2001). While ALA is termed an "essential" fatty acid, it's only known biological roles in the body are to supply energy to tissues and to serve as a substrate for formation of long-chain omega-3 fatty acids. The IOM Macronutrients Report states that "the physiological potency of EPA and DHA is much greater than that for [ALA]...." (p. 11-2) and concludes "the essential role of [ALA] appears to be its role as precursor for synthesis of [EPA] and DHA" (p. 8-18) and "[ALA] is not known to have any specific functions other than to serve as a precursor for synthesis of EPA and DHA" (p. 8-11).

Conversion of ALA to DHA can be highly variable between individuals, however, it is clear that conversion of ALA to DHA is particularly inefficient in the US population that consumes high levels of omega-6 fatty acids, predominantly linoleic acid (Burdge, 2004). Moreover, uptake of DHA by tissues such as the brain, retina, mammary gland and placenta is highly efficient, whereas uptake of ALA is significantly reduced in these tissues compared to pre-formed DHA (Bazan and Scott, 1990; Greiner, Winter et al., 1997; Haggarty, Ashton et al., 1999; Su, Bernardo et al., 1999; Lauritzen, Hansen et al., 2001; Larque, Demmelmair et al., 2003).

In adult humans, Pawlosky et al. (Pawlosky, Hibbeln et al. 2003) calculated the half-life (18±8 hr) and the mean flow rate (7.2 mg/hr) for the removal of deuterated-DHA from plasma. Over a 24 hour period, about 173 mg of DHA was lost from plasma and either catabolized or taken up into other organ systems. This level may provide a very conservative estimate of the amount of DHA required on a daily basis to maintain the plasma DHA concentration; however, demands by the whole body for DHA would be significantly higher.

**Educational Message – "DHA omega-3 is important for brain and eye development in infants and supports brain, eye and cardiovascular health throughout life"**

Delayed visual acuity has been repeatedly demonstrated in term and preterm neonates fed formula containing ALA as the sole source of omega-3 fatty acids (Makrides, Neumann et al., 1996). Supplementation of infants with formula containing pre-formed DHA in the first four months of life or after weaning from breast-milk at 4 to 6 months of age through the first year of life leads to significantly improved visual acuity compared to neonates fed formula without pre-formed DHA (Birch, Hoffman et al., 1998; SanGiovanni, Parra-Cabrera et al., 2000; Uauy, Hoffman et al., 2003).

Brain growth and the rate of DHA uptake by the human brain are maximal in the third trimester of pregnancy to birth. Between birth and 5 years of age, the human brain increases approximately 3.5-fold in mass and DHA content increases from 1 g to approximately 4.5 g (calculated from Martinez, 1992). While the rate of DHA accretion slows after 3 years, significant accretion continues between 3 and 5 years of age (Martinez, 1992). Based on DHA accretion curves from autopsy brains, and estimates of DHA uptake in primates, average daily dietary DHA intake required for the brain to accrete 3.5 g of DHA between birth and 5 years of age would be greater than 120 mg per day (calculated from Martinez, 1992). Data were adjusted for DHA uptake as referenced in Su et al., 1999. In addition, a small amount of DHA is lost from tissues daily and must be replaced to maintain optimal tissue DHA levels. Turnover can be estimated from isotopic studies that measure the amount of fatty acid extracted from plasma and retained by a tissue. Rates of DHA turnover in brain and other tissues of the body have not been studied in primates, but data from rodents suggests that between 2 and 8% of esterified DHA present in brain is replaced daily (Rappoport, 2001). Although estimates of DHA turnover in human brain have not been experimentally derived, turnover of

arachidonic acid (ARA) in the human brain has been measured and is known to be approximately 10-fold lower than turnover of ARA in rodents. Therefore, a conservative estimate of DHA turnover in humans would likely mirror the relative magnitude that is observed for ARA turnover in humans. Rappoport estimated that the uptake of DHA from plasma to rat brain was 2-8% of the total brain esterified DHA. Thus, if it were assumed that the same 10-fold difference in amount of fatty acid turnover observed between human and rat brain ARA also applied to turnover of DHA, then 0.2-0.8% of brain DHA would be replaced daily in the human brain. The amount of DHA lost from the brain due to turnover on a daily basis would therefore range between 10 and 50 mg per day. Given that average daily DHA intakes of American children range between 20 to 30 mg daily, dietary intake of pre-formed DHA alone would unlikely be able to provide sufficient DHA to support brain growth, and, more significantly, would not even be able to supply the brain with sufficient DHA to replace DHA losses due to turnover. Reliance on ALA as the sole source of DHA for children would not provide adequate DHA to support growth and DHA turnover in tissues.

The IOM Macronutrient Report summarizes the data on health benefits associated with diets containing omega-3 fatty acids and states "[a] growing body of literature suggests that higher intakes of ALA, EPA and DHA may afford some degree of protection against coronary heart disease" (p. 11-1 to 11-2) and "Growing evidence suggests that dietary omega-3 polyunsaturated fatty acids (EPA and DHA) reduce the risk of coronary heart disease and stroke" (p. 11-40). The Macronutrient Report identifies the mechanisms that may affect the ability of omega-3 fatty acids to reduce the risk of cardiovascular disease by preventing arrhythmias, reducing atherosclerosis, decreasing platelet aggregation by inhibiting the production of thromboxane, decreasing plasma triacylglycerol concentrations, producing a small increase in high-density lipoprotein (HDL) cholesterol with an accompanying decrease in triacylglycerol concentrations, decreasing proinflammatory eicosanoids and moderately decreasing blood pressure (p. 11-40 to 11-43). Additionally, DHA exerts numerous effects on cardiac and vascular tissue, including reduction of heart rate and heart muscle contractility, (Sergiel, Martine et al., 1998; Kang and Leaf, 1994), reduced vascular wall thickness (Engler, Engler et al., 2003), and improved vascular relaxation (Grimsgaard, Bonaa et al., 1998 ; Hirafuji, Ebihara et al., 1998; Mori, Watts et al., 2000; Leeson, Mann et al., 2002). Moreover, a prospective, open-label trial of LC-PUFA supplementation has shown that LC-PUFA supplementation reduces mortality, nonfatal myocardial infarction and nonfatal stroke (Stone, 2000).

**Educational Message – "Increased DHA consumption is associated with decreased risk for chronic disease, including dementia, age-related macular degeneration, and cardiovascular disease."**

In the past five years, epidemiologic studies in humans have consistently reported that fish consumption, and more specifically, dietary DHA may modify risk of dementia or Alzheimer's Disease (AD) progression. These studies are briefly reviewed below:

Kalmijn et al. (1997) conducted a prospective, population-based study to assess whether dietary fat consumption by 5,386 elderly individuals in the Netherlands was related to the risk of incident dementia or AD. In this study, consumption of more than 18.5 g of fish per day provided a significant reduction in the risk of incident dementia (RR = 0.4; $p<0.05$) and of Alzheimer's Disease (RR=0.3; $p=0.005$), compared to consumption of less than 3 g of fish daily.

Barberger-Gateau et al. (2002) conducted a study of 1416 home-bound elderly in southwestern France and reported that consumption of fish or seafood at least once per week was positively correlated with reduced risk of dementia ($P<0.009$). Those individuals who reported never eating fish had a 6.6-fold higher risk of developing dementia and a 5.3-fold greater risk of developing AD. This roughly translates into a 70% reduction in risk of incident AD by those individuals consuming more than one serving of fish per week as compared to those consuming less than one serving of fish weekly.

Morris et al. (2003) reported that higher fish consumption was positively correlated with reduced risk of developing AD. In this study, consumption of 1 or more servings of fish per week (equivalent to >100 mg DHA daily) was associated with a 60% reduction in the risk of developing AD as compared to individuals who consumed less than 1 serving of fish per week (p value for trend = 0.07). When regression analyses were performed to evaluate whether estimated individual fatty acid intakes had an effect on incident AD cases, reduced risk of AD was shown only for DHA ($p<0.02$) but not by EPA or linolenic acid content of the diet when data were adjusted to minimize the effect due to differences in age, sex, race, education, APOE-e4, and length of observation.

Tully et al. (2003) reported that serum cholesteryl-ester DHA and EPA levels were significantly lower in patients with AD, as indicated by score on the mini mental state examination, compared to controls. However, step-wise regression analysis showed that serum cholesteryl ester-DHA and total saturated fatty acid levels were the important determinants of the mini mental state exam score and the clinical dementia rating of patients with AD.

In a prospective study to assess interrelationships between dietary DHA, fish consumption, plasma phosphatidylcholine (PC)-DHA and the risk of dementia or AD, Schaefer et al. (in press) recently showed that both mean DHA intake (g/day) and mean fish intake (servings per week) estimated from food frequency questionnaires were positively correlated with plasma phosphatidylcholine-DHA levels in the study cohort. In this study, individuals having plasma PC-DHA in the highest quartile had a reduced risk of developing dementia (47% reduction; significant at $p<0.05$) and AD (41% reduction; $p=0.118$), compared to individuals whose plasma PC-DHA was within the lower 3 quartiles. When fish consumption, rather than plasma PC-DHA, was used as the predictor of disease risk, the study showed that consumption of more than 2 servings per week of fish (equivalent to >180 mg DHA daily) was associated with a reduced risk of developing dementia (43% reduction; $p=0.12$) and AD (59% reduction; significant at $p<0.05$) compared to individuals consuming less than 2 servings of fish per week. The fact that in this study, plasma PC-DHA was a significant predictor for risk of dementia, while fish

consumption was a significant predictor of AD, is intriguing and suggests that (1) a longer follow-up time may have been important to show that plasma PC-DHA is a predictor of AD risk and (2) future studies should not ignore the potential impact of plasma EPA and linolenic acid as predictors of AD-risk.

Prior cross-sectional studies conducted by Conquer et al. (2000) demonstrated that blood phospholipid fatty-acid profiles are altered in individuals with various types of cognitive impairment. Results from this study showed that the weight percentage of plasma phosphatidylcholine and phosphatidylethanolamine DHA and EPA were significantly lower in patients with AD compared to normal individuals of similar age.

The relationship between tissue DHA status and severity or type of dementia is not related to age. Although age is a significant risk factor for AD, brain fatty acid profiles do not significantly change with age in healthy elderly individuals. In contrast, brain phospholipid fatty acid profiles are significantly altered in AD. Soderberg et al. (1992) found that brain PE-arachidonic acid (ARA), PE-DHA, and PC-ARA were significantly reduced in the frontal gray, white matter, and hippocampus of AD patients compared to controls. In the pons region, the percent of total fatty acids as PE-ARA and PE-DHA were significantly lower in AD compared to controls, but PC-fatty acid composition of the pons did not differ significantly between AD and controls.

Two supplementation studies have been conducted in the elderly with beneficial effects observed in cognitive or behavioral outcomes.

In a study to evaluate the benefits of DHA on cognitive performance and visual acuity in the elderly, Suzuki et al. (2001) provided an oil supplement containing 15% purified DHA and 3% purified EPA for six months by addition to food to 30 volunteers between the age of 67 and 92 years. Of the 30 subjects, 22 had dementia. DHA intake was 0.64 to 0.8 g per day and EPA intake was approximately 0.47 g per day. Intelligence was measured before and after supplementation using a revised Hasegawa's dementia scale. At the end of the six month supplementation period, 18 of 30 subjects (60%) showed intellectual improvement. Intellectual improvement was observed in 6 of 8 (75%) patients without dementia and in 12 of 22 patients (54%) with dementia.

In a second cohort of 15 volunteers aged 58 to 84 years, supplementation with 0.73 g of DHA and 0.53 g of EPA per day for 3 months was associated with an improvement in visual acuity in 10 of 15 patients (67%) by 1 month of DHA supplementation. It should be noted, however, that Suzuki et al. (2001) failed to use a placebo in the performance of the study.

Age-related macular degeneration (AMD) is the leading cause of blindness in individuals over 75 years of age living in westernized countries. Few studies have fully investigated the relationship between DHA and macular degeneration. Gu et al. (2003) reported that carboxyethylpyrrole, an adduct of DHA, was higher in sera from AMD patients than age-matched controls, and likewise, anti-CEP

autoantibodies followed a similar trend. The association between dietary fat intake and AMD incidence is complex. For example, high fish intake is associated with a reduced risk for AMD, but only when the diet is low in linoleic acid. Furthermore, linoleic acid intake itself was associated with increased risk for AMD (Seddon, Rosner et al. 2001). The relationship between the frequency of fish consumption and risk of developing early or later AMD has also been reported in the Blue Mountain Eye Study. In this study, consumption of 1 to 3 servings of fish per month was associated with reduced risk for advanced age-related maculopathy, after adjusting for age and smoking. The risk reduction was greatest in individuals that consumed 1 to 3 servings per month (0.23).

* * *

Martek appreciates the Agency's consideration of these comments and looks forward to the continued advancement of the Food Guide Pyramid reassessment process.

Sincerely,

Sam Zeller/mt

Sam Zeller, Ph.D.
Director, Regulatory Affairs
Martek Biosciences Corporation

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AUG 27 2004

Jennifer Claire Darling ~ :. ~Beaverton, OR ~(

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Dr. Room 1034
Alexandria, VA 22302

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Darling
1 of 1

August 23, 2004

Dear Sirs/Madams:

I am delighted to learn that you are reassessing the Food Guide Pyramid. Although human health is somewhat complicated, it is very clear that our nation's children are far from healthy and that they are plagued by far too many chronic, degenerative diseases. While I do not place the blame entirely on their diets, diet is a key component to preventing many diseases and achieving the robust good health that should be most kid's birthright.

Specifically I am hoping you will address three issues that I've been investigating as a concerned citizen and as a mother.

1) The emphasis on grains should be changed. Children should be replacing most grains with fruit and vegetables. It is abundantly obvious to even a casual observer that most American children don't eat anywhere near the recommended daily amount of fruits or vegetables, but they are well over the daily servings of refined carbohydrates such as pasta, white bread, Snack 'foods', etc. If the pyramid model is to continue, then fruits and veggies should be the foundation. With starches/carbohydrates moved toward the top, above protein sources.
2) A distinction should be made between over processed food of all kinds and less processed foods, particularly natural fats from natural products being vastly superior to hydrogenated fats or de-fatted food. Our children need healthy fats for good brain development and metabolism in general. The fat phobia of the past decades is simply not warranted if you check the scientific literature carefully. Nuts, coconut oil and animal fat including full fat dairy products should be replacing all hydrogenated oils, cotton seed, canola, soy oils etc. Our children should limit the amount of processed vegetable oils they eat and instead eat Real Food with the natural fats nature provides.
3) Our children's parents should limit soda products to an absolute minimum. Only as treats- never considered as part of a healthy diet. And they should never ever be given to babies or children under 12. The daily doses of high fructose corn syrup and the phosphoric acid together are a terrible combination contributing to osteoporosis, obesity, diabetes etc. in our youth.

Thank you for considering public comments. I look forward to seeing the revised pyramid. I pray that you will not be unduly influenced by the corporate need to make large profits on cheap food. We are facing an era of epidemic childhood illnesses and it needs to be addressed at all levels in our nation.

Sincerely yours,

Claire Darling Claire Darling

AUG 27 2004

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August 23, 2004

Downey 1 of 3

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive #1034
Alexandria, VA 22302

Dear Sir or Madam:

My idea for the food pyramid centers around the acidity level of various foods. Otto Warburg won a Noble Prize in 1932 for his work on the cellular respiration of cancer cells (search key: Warburg prime cause cancer aerobic anaerobic) and Linus Pauling won a Noble Prize in 1954 for his work on Vitamin C and heart disease (search key: Linus Pauling chelation therapy). Their work proves that disease is directly attributable to high levels of acid in the body.

If we are what we eat then the food pyramid should include not only foods but also beverages like coffee, soda pop and alcohol which are so prevalent in our diet/society. We need to incorporate the acidity level of all foods and drinks. People will then be able to more clearly see how what they eat/drink affects their health. Food can be medicine to keep from getting sick as opposed to taking medicine to get well.

I have enclosed a copy of an acid level pyramid. The goal then has to become to keep your basic ph level at about 7.4. All we have to do eat/drink enough of the "good" things to counter the "bad" things to maintain that 7.4 body ph level. Get yourselves some ph strips and test your own saliva ph level some morning before you brush your teeth. This is too easy really. The problem is getting someone to admit there is a direct connection between high acid levels and disease. Remember: sugar and fat turn to acid and (too much) acid can be bad (for you).

Sincerely,

Fran Downey

(Mr) Fran Downey

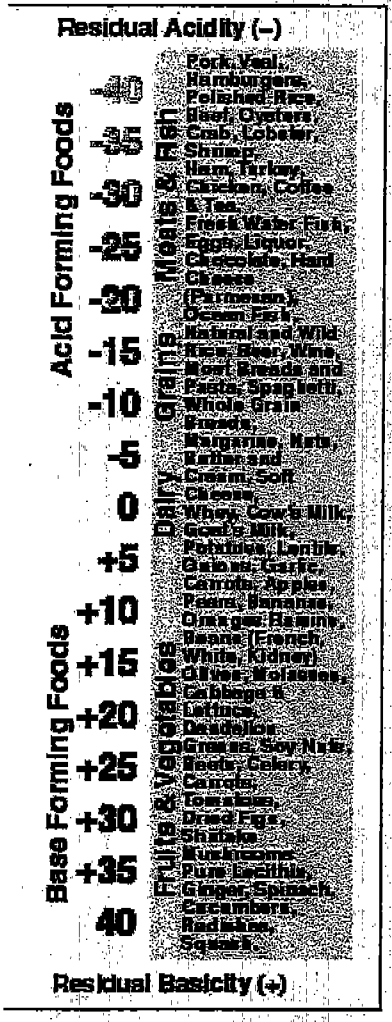
Acworth, GA

Downey 2 of 3

**Which Foods Are "Acid-Forming" And Which Ones Are "Alkaline-Forming"?**
Most high protein foods (such as meat, fish, poultry and eggs), nearly all carbohydrates (including grains, breads and pastas) and fats are "acid-forming." And most fruits and vegetables are "alkaline-forming." Although citrus fruits, such as oranges and grapefruit, contain organic acids and may have an acid taste, they are not acid-forming when metabolized, leaving no acidic residue. Similarly, Free Form Amino Acids are not acid-forming, but instead offer unique buffering capabilities to the body to help offset acidic wastes.

Donna 3023

## Acid and Base Forming Foods




**How Can I Find Out My Body pH?**
By testing your pH with Växa's Medical pH-Test Strips, you can determine quickly and easily, in the privacy of your own home, what your pH is. Växa Medical pH-Test Strips determine your urinary pH, which is generally a good indicator of how acid or alkaline your total body pH is. When urinary pH is continuously between 6.5 in the A.M. and 7.5 by evening, you're functioning in a healthy range. When continuously above this range you're too alkaline, and when continuously below it, you're too acid.

**How Do I Rebalance My pH?**
Watching your diet can help. If you're too acid, increase the number of fruits and vegetables you eat. If you're too alkaline, increase the amounts of acid-forming foods consumed. But an easier way is to take Växa's Buffer-pH+ daily to help balance your system while continuing to enjoy the foods you prefer!

**How Does Växa's Buffer-pH+ Work?**
Växa's Buffer-pH+ is an advanced cardiovascular and systemic (body-wide) homeopathic medicinal which works to safely and effectively balance an overly acid or overly alkaline system by buffering overly acid and alkaline residues and removing them from your body, as well as helping to dissolve toxic laden plaque. This allows tissues to be cleansed, and then healed naturally and more quickly, by the body.

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AUG 27 2004

James F Carley
, Tucson, AZ

24 Aug 04

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Carley
1 of 1

Food Guide Pyramid
Reassessment Team

USDA Center for Nutrition Policy and Promotion
3101 Park Center Dr, Rm 1034
Alexandria, VA 22302

Gentlefolk:

The Pyramid version glued below was printed in today's Arizona Daily Star, I believe the illegible item following "Fats" in the peak list is "Chips", but am uncertain.

At the base you have listed "Bread, Cereal, Rice and Pasta", which are now being attacked by the low-carb fans. I have no big quarrel with those items but, personally, eat more of the tiers 2 and 3 items, less of those in tier 1. However, I believe you've missed an important member of tier 1, potatoes.

Potatoes have taken a big hit because, so often, they are deep fried as thin chips or french fries (Bristish "chips"). What makes them nutritionally undesirable, in that form, is not the potatoes,per se but the fat in which they've been drenched.

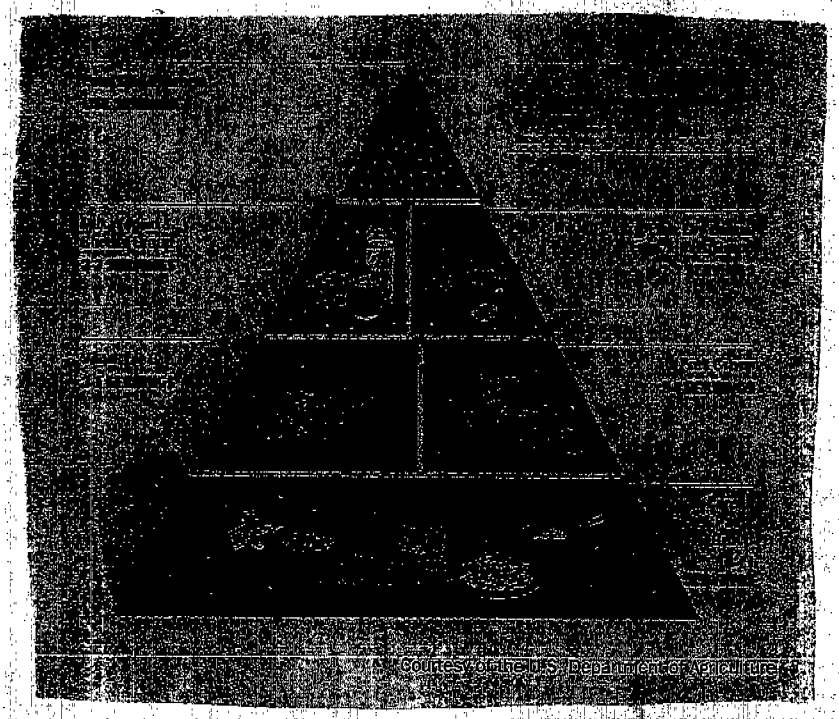
A prise-winning U of A agricultural researcher, now retired and whose name I can't recall, presented very persuasive data in a talk two years ago that potatoes, pound for pound, have higher nutrient contents than any of the principal ceral grains.

I suggest, therefore, that you add potatoes to your tier-1 foods. You might say, "potatoes (fat-free)".

Sincerely,

J F Carley

PS: Potatoes cost 15¢/lb breade $1-2/lb. Of course, potatoes must really be cooked.



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Haag 1 of 2

August 24, 2004

Food Guide Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive
Room 1034
Alexandria, VA 22302

To Whom It May Concern:

As stated in your Backgrounder for July 2004, I am one of those Americans that is familiar with the Food Guide Pyramid, but only enough to generally plan my meals. I have read the 32-page Food Guide Pyramid Booklet after seeing it referenced in the Backgrounder. Below are my comments.

**Graphic**

Many diet programs offer reporting tools that use pie charts when displaying percentages of fat/sodium/cholesterol intake. Having a food pie chart instead of a pyramid may make it easier to visualize how much of each food group I actually eat compared to what I'm supposed to eat.

Display the suggested maximum intake of cholesterol, fat, saturated fat and sodium near the graphic.

**Interactive Tools**

I'd like to be able to record what I eat on a daily basis, and run a report to see if I've met my RDA's for minerals and vitamins. It would be useful to have a program that lets me input ingredients for a recipe, and come up with the complete nutritional value for that recipe. Doing it by long hand is time consuming.

A menu planner would be a wonderful addition to your interactive tools, especially if it tallies and creates data to measure progress in meeting goals. A single person can plan his or her week, and families can plan theirs. You list many meal examples in your booklet, but they all are geared towards families of four.

**Booklet**

Include alternatives to dairy. Taking supplements such as Lactaid doesn't help those who are lactose intolerant.

You have a vegetarian pyramid. I would like to see a corresponding Booklet, just like the one you have for the regular pyramid. Include alternatives to soy.

I'd like to see fad diets debunked, in particular the myth that 'white' foods contain no nutritional

Haag 2 of 2

value. I have obese friends that say they don't want to lose weight because that means they'll have to give up potatoes and pasta.

**Overall Usefulness**

Recently, I have lost weight by exercising and eating better. Because my HMO does not cover a doctor's or dietician's visit specifically to learn how to become healthier, I had to research many online and offline sources. It would be useful to have a one-stop learning place that helps manage diet and exercise. Having to try a variety of tools such as journals, calendars and programs can be discouraging, especially when I can't seem to find one that will meet all my needs.

Thank you,

Estela Haag

Jennifer Lanker
Mt. Vernon, WA

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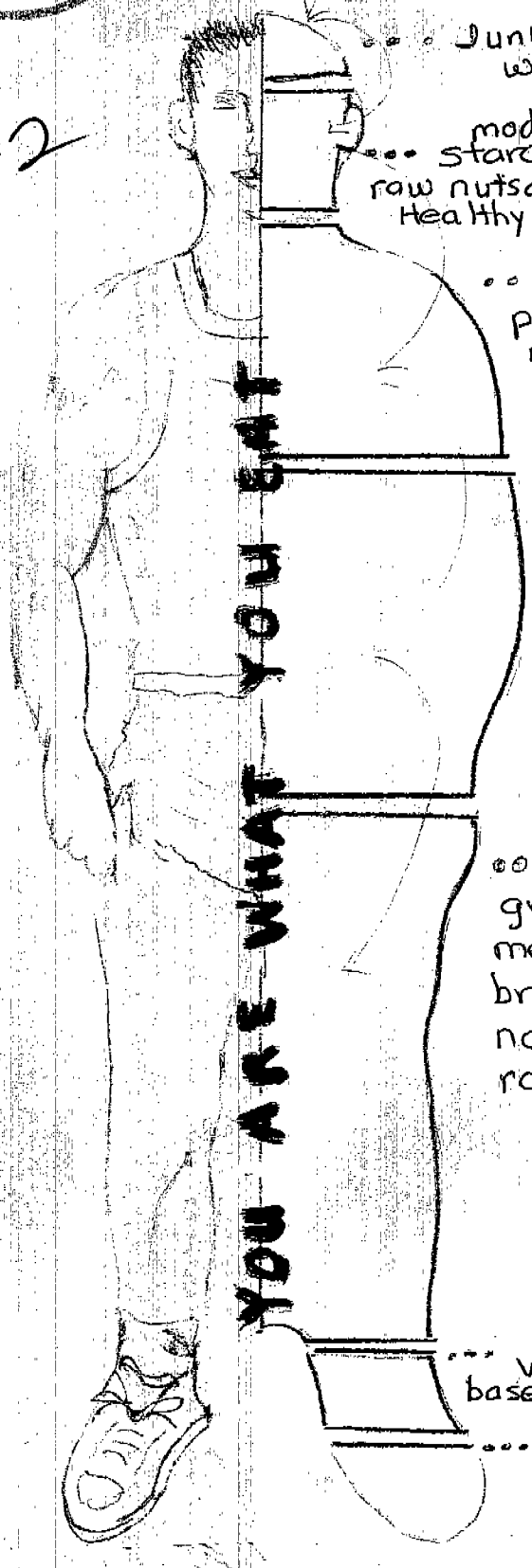
Lanker 1 of 2

collage of foods




- Junk food; sweets; potatoes, white bread, white rice
  BAD carbohydrates
- moderate carbohydrates
  starchy vegetables & fruits
  raw nuts and seeds; unsaturated fats; Healthy Essential fats
- Dairy; eldanté cooked pasta; new potatoes; lean meats; soy foods
- seafood; poultry; Legumes; sour foods; non-starchy, stringy fruit (glycemic index rating)
  sweet potatoes or jams
- Good carbohydrates
  unprocessed whole grain and cereals (at most meals); coarse grain breads; unprocessed rices; non-stachy vegetables; raw vegetable (in abundan
  AIRC.org 5-10 servings daily
- Vitamin and minerd food-based supplements JAMA 2002
- Exercise: resistance and aerobic

Glycemic Index Emphasis
(BURN or STORE your fat Reservoi
Eating Low-glycemic

Carlin Doc 2

**COMMENTS ON THE AMERICAN FOOD PYRAMID TO PROVIDE OPTIMAL BODY COMPOSTION:**

**As you can see there are many changes in the size of the sectioning, the various differences found within the same food group, the inclusion of supplements, and two kinds of daily exercise in determining the values needed to set forth a HEALTHY HUMAN BODY.**

**The size of the sections are related to their dominance in their role in helping burn fat and provide optimal nutrition needed from those particular foods. Their importance is found in the AIRC.com and glycemic indexing in Canada and Australia's literature, as well as in America's National Glycemic Indexing Association's literature.**

**The vegetable and fruit food groups have starchy and non-starchy properties and they either will help you store fat or burn it. That is why they have been separated and given less or more dominant characteristics.**

**The American diet consists mostly of the items found in the top layer. These aren't needed the least if not at all. They all cause the release of insulin thus causing the hormone burning reaction to be completely halted and cause the body to store all fats eaten at that meal. It also causes a faster digestion time making the body to return to feeling hungry at a much sooner time then eating slower-burning foods.**

**According to the JAMA 2002 everyone needs to take a multivitamin supplement.**

**And exercise must be part of our daily routine in the form of resistant and aerobic conditioning.**

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Rebensteiger 1 of 1

August 24, 2004

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

Dear USDA,

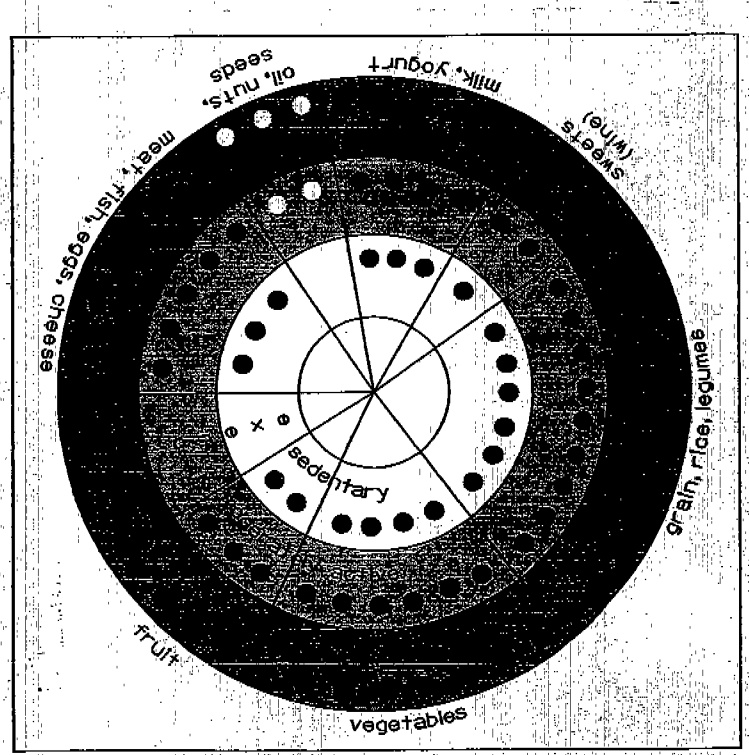
I am writing to submit to you a redesign of the USDA pyramid, which has been in the news lately because of controversy that it is too difficult to understand.

The revised graphic I have designed, which is more of a wheel or pie-chart, keeps the top-down configuration of the Food Pyramid while allowing users to use it according to their own level of physical activity.

I hope this is helpful in your efforts to redesign the Food Pyramid.

Sincerely,

Ivanka Rebensteiger



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***Marjorie R. Schoen***

***Norcross, Georgia***

Schoen 1 of 1

August 25, 2004

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive
Room 1034
Alexandria, Virginia 22302

Gentlemen"

A recent article in the *Atlanta Journal-Constitution* referenced your work in redesigning the current food pyramid.

I have recently been diagnosed with high triglycerides and told to watch my carbohydrate intake. I am **not** part of the carb craze reflected by interest in the South Beach and Atkins diets. On the contrary, I am over 5'7" tall and weigh only 118 pounds. I have searched the Internet to learn more about the carbs and which are simple and which are complex and have grown quite exasperated. I would like to see the pyramid and food labels give more information about carbs so I can make better decisions on the foods to concentrate on in my "diet".

I realize the pyramid can't cater to every possible illness, but with the obesity epidemic so rampant, it seems to me that more information on carbs on the labels would be helpful to everyone.

Thank you for your consideration and good luck in your endeavors!

Sincerely yours,

*Marjorie R. Schoen*

Marjorie R. Schoen

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Beth Cadena

Cape Elizabeth, ME.

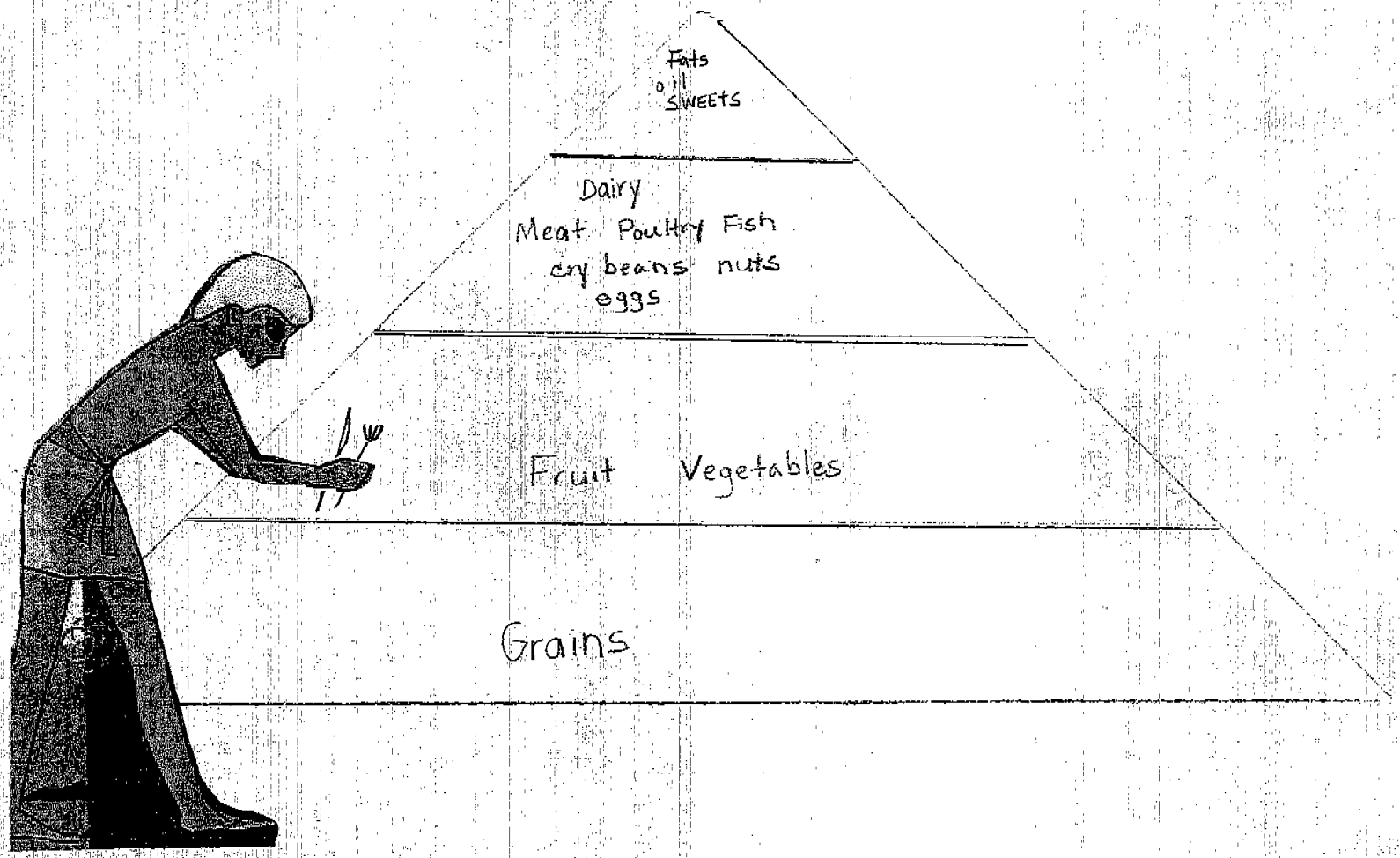
Aug. 25, 2004

Dear Reassessment Team:

My suggestion for a new slogan to support the food pyramid follows.

Cadena
1 of 1

# IF YOU BUILD IT HEALTH WILL COME




Sincerely,
Beth Cadena

To: Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy & Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

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Romano 1 of 2

From: Harriet Romano

Atlanta Ga

The present food pyramid along with high powered advertising are part of the reason we are the fattest and most unhealthy we have ever been in this country. Immigrants from other countries who adopt our way of eating become overweight and get many diseases not common in their countries. The change is long overdue. People are getting diseases in their youth that they used to get as they aged.

The American public should know the truth. We do not need just a few tweaks to the present pyramid. We do not need small changes that allow manufacturers to spin new products and consumers to gradually change their diets. The public needs guidance for changes NOW! The U.S.D.A. needs to get it right this time, our lives are depending on honest information. Individuals can make their own choices- just give us the truth. Enough studies are out there that prove the following proposed guidelines.

The TRUTH is needed - some will follow and some will not. We cannot change everyone. Some will eat what they want with no consideration of their health. People that want to improve are confused and need guidance, they need the truth. There are many diet books out there that do not work long term, this is why there are so many- because they do not work. With all of our intelligence and knowledge it is embarrassing to be the most overfed, overweight, malnourished country in the world. We have to stop letting the food industry and diet books, whose interest is dollars, affect the health of our nation.

This change in the food pyramid should not be influenced by any special interest food groups. It should be based on how we should eat to get the most nutrition out of our food choices. Our most nutritious foods are whole fruits, vegetables, nuts and seeds that do not come in packages. These contain a large amount of antioxidants, phytonutrients, omega 3 fatty acids, vitamins and minerals. These nutrients and antioxidants are protection for plants and will also protect us from chronic disease.

The nutrients we need to get from our food cannot successfully be Obtained from a pill. The nutrients we get from food work synergistically with each other. To get enough of these nutrients we need to be eating a lot of fruits and vegetables.

The Following Pyramid Is Proposed

The base should be the maintenance of energy, having an exercise Program and controlling calories and weight.

The next level should be a variety of organic healthy whole Carbohydrates such as fruit and vegetables having color: green, yellow, orange, red, blue, purple, with a large portion of this uncooked to preserve the nutrients.

The next level should be whole grains and starchy vegetables.

The next level should be legumes, beans, peas, sprouted nuts and seeds.

The next level should be limited amounts of fats from fruits, vegetable, nut and seed sources. With no more than 20-30% of our calories coming from these healthy fats.

A strong notation should be made on the pyramid of foods that should be eaten rarely and eventually eliminated completely from the diet. These should be: salt ( no more than 1000 mg /day or less), sugar, high fructose, corn syrup, and other processed sugars, refined grains, trans-fatty acids,and saturated fat (all animal products have saturated fat). All of these foods need to be eliminated completely from the diet, not cut in half as proposed by the USDA.

What professional in the health and nutrition field is telling us that we are deficient in saturated fat, sugar, refined grains, or trans-fats and need to get them into our diet? These foods cause inflammation and can lead to many of the chronic diseases that plague our society. If these unhealthy foods are eaten then there would not be enough calories left for the fruits and vegetables containing a large amount of antioxidants, phytonutrients, vitamins and minerals which can keep the body healthy.

If enough of the levels two through five are eaten to maintain energy and a healthy weight there will be more than adequate protein, folate, calcium, omega 3 fatty acids, and other nutrients in the diet. (refer to the WHO's recommendations for protein needs). Animal protein and fat are not necessary for a healthy diet.

A plant based vegan diet with a healthy variety of uncooked fruit, vegetable, nuts, and seeds is the healthiest way to eat.

THANK YOU.

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Marcey 1 of 4

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Eleanore Marcey

Falls Church, VA

August 25, 2004

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive Room 1034
Alexandria, VA 22302

Dear Reassessment Team,
Thank you for the opportunity to give input on such an important matter. I am an artist who is also interested in nutrition and how it is being taught to children.

My interest in nutrition began in the early 1980's after my grandmother died of colon cancer. I came across a book entitled, **Diet: A Cure for Cancer?** which explained the macrobiotic diet. At that time, no one else was addressing diet as a prevention of cancer, much less a cure. It was the first of many books I would read on the subject of nutrition.

Macrobiotics is kind of the "boot camp" of diets. Most Americans (myself included) cannot maintain this lifestyle, but once I had read about it and tried to practice it, it changed forever the way I looked at food. It also made me appreciate the inherent wisdom of the diets of different cultures.

So much of what "recent studies show" is just plain common sense to older folks, but we modern Americans lost sight of this. Now we are beginning to see again the wisdom of our own traditional diets, when we ate simple foods, simply prepared. "Rich" foods, sweet drinks and desserts were always consumed in small quantities. The acidic quality of certain foods was recognized as harmful and reduced by cooking. A good portion of our daily food should be as close to its original state as possible: whole grains, fresh vegetables, dried beans (instead of canned). Processed foods are not only less nutritious, they *taste* less nourishing. That's why Americans are overeating; we finish a microwaveable meal and, not surprisingly, still feel hungry. Finally, food should be prepared with care. Eating a home-cooked meal makes us feel better physically and psychologically. We all know this; we just need to go back to making it a priority.

Nancy 2-5-4

I strongly believe that nutrition should be taught in elementary schools as part of the regular curriculum. The USDA's Team Nutrition has provided beautiful materials and great ideas, but relies on volunteers to administer the program. A paid nutrition educator could function in the same way that many of our art teachers do, rotating among schools and coming every few weeks. (Even coming once a month would be beneficial.) Instead of art supplies, the teacher's rolling cart would contain a hot plate, cooking gear and a mini-fridge!

It's important to establish, at an early age, healthful attitudes about cooking food and enjoying it. This should be conveyed with the enthusiasm it deserves. Kids love to eat! Nutrition should be fun! As mentioned above, a lesson could contain a cooking demonstration, a generous tasting, and a discussion. Instead of a pamphlet, each child could take home an educational "toy" to remind them of what they are learning. This could be magnetic and stick to the family refrigerator. I've enclosed a mock-up of an idea.

Just as important is to have something permanent in the classroom that teaches children about nutrition and provides a way to "practice" putting portions of food on a plate. I pictured a magnetic folding screen (that can sit on a table) with an "empty" food pyramid printed on it. Magnetic photo images of food could be put in their proper places by children and removable "plates" would allow them to compose a meal. I've included another rough drawing of my idea.

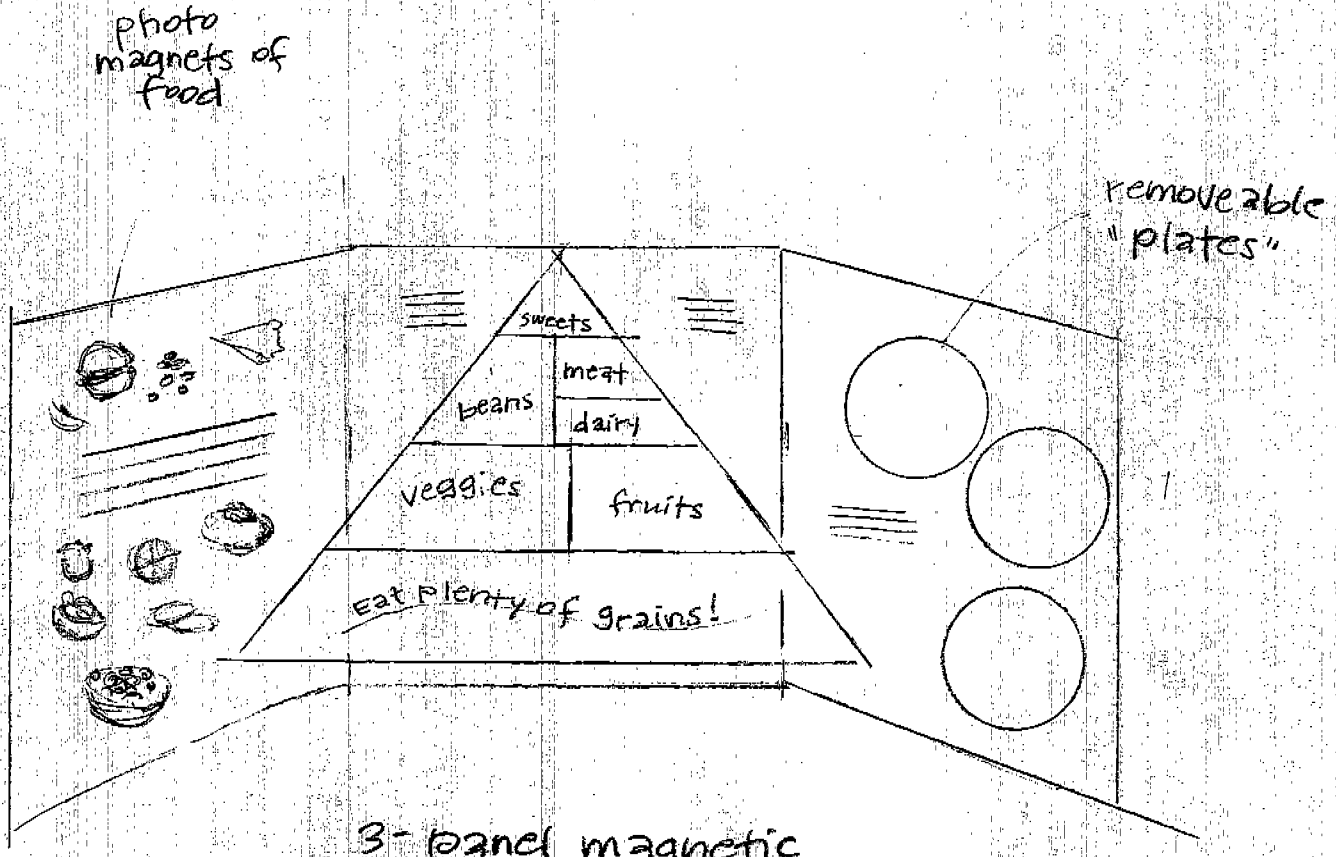
Speaking as an artist, I feel that whatever foods you decide to include on the pyramid, it is best to make them photographs of real food, not icons or drawings. Real food, photographed well, looks appetizing, excites us, and that is the whole idea.

I also think that a fun character could lead children through lessons, especially when dealing with issues of being overweight. In this case, drawings and animation could be combined with photos of food. With that, I'll close. Thanks for listening.

Sincere best wishes,

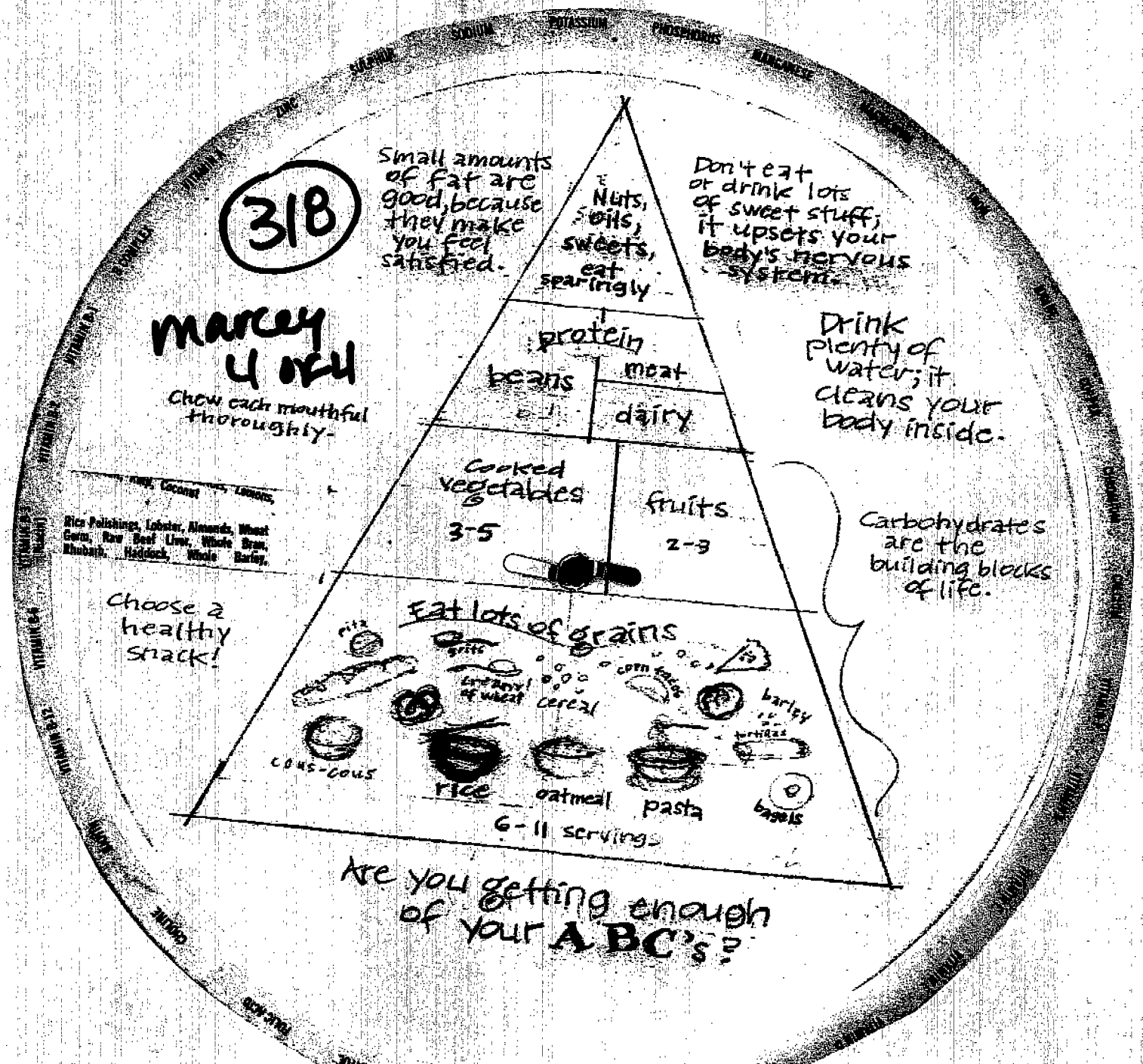
Eleanore

Eleanore Marcey




3-panel magnetic folding screen, to sit on a table.

(Not to scale, of course.)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marcey
4 orch
Small amounts of fat are good, because they make you feel satisfied.
Nuts, oils, sweets, eat sparingly
Don't eat or drink lots of sweet stuff; it upsets your body's nervous system.
protein
beans
meat
dairy
Drink plenty of water; it cleans your body inside.
Chew each mouthful thoroughly.
Cooked vegetables
3-5
fruits
2-3
Carbohydrates are the building blocks of life.
Choose a healthy snack!
Eat lots of grains
pita
grits
corn tacks
barley
cous-cous
rice
oatmeal
pasta
bagels
6-11 serving
Are you getting enough of your ABC's?

NFPA®
*The Food Safety People*

NATIONAL FOOD PROCESSORS ASSOCIATION

John R. Cady
*President and Chief Executive Officer*

1350 I Street, NW
Suite 300
Washington, DC 20005
202-639-5917
Fax: 202-637-8464

WASHINGTON, DC
DUBLIN, CA
SEATTLE, WA

August 27, 2004

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DB

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Dr. Eric Hentges
Executive Director
Center for Nutrition Policy and Promotion
U.S. Department of Agriculture
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

RE: Notice of Proposal for Food Guide Graphic Presentation and Consumer Education Materials; Opportunity for Public Comment
69 *Federal Register* 42030, July 13, 2004.

Dear Dr. Hentges:

The National Food Processors Association (NFPA) submits the following comments on the notice referenced above.

NFPA is the voice of the $500 billion food processing industry on scientific and public policy issues involving food safety, food security, nutrition, technical and regulatory matters and consumer affairs. NFPA's three scientific centers and international office (Bangkok, Thailand), its scientists and professional staff represent food industry interests on government and regulatory affairs and provide research, technical assistance, education, communications and crisis management support for the Association's U.S. and international members. NFPA members produce processed and packaged fruit, vegetable, and grain products, meat, poultry, and seafood products, snacks, drinks and juices, or provide supplies and services to food manufacturers.

As the Center for Nutrition Policy and Promotion (CNPP) prepares the next evolution of America's food guidance system, it has the critical task of making graphic, communications, education, and motivational sense of dietary and food guidance for consumers. This is a great challenge.

NFPA offers the following remarks to highlight selected issues and questions addressed in the July 13 *Federal Register* notice. These comments formalize the remarks presented at the CNPP public meeting held August 19.

***Motivational/Awareness Components of Food Guidance: Graphic***
The current Pyramid graphic may not be perfect, but it performed better than others evaluated when it was first developed. Given the high consumer recognition of the current Food Guide Pyramid, NFPA believes that USDA should invest in refining the graphic, with the majority of resources devoted to

Cady 2 of 4

public education materials to support the graphic as part of the food guidance system. There is compelling need to make the upcoming *2005 Dietary Guidelines for Americans*, the food guidance system, and the Nutrition Facts panel on food labels as complementary as possible. For food guidance, the challenge is to foster consumer use of the current Pyramid or any revised graphic so that it will be equivalent to its current recognition by consumers.

***Educational Components: Individualized versus General Guidance***

NFPA believes that individualized guidance should build upon general messages. Educational components must motivate consumers to choose foods wisely, whether for a healthy lifestyle, weight management, or weight loss. Realistic general messages need to lead consumers to the food guide, and individual specific messages should facilitate meeting personal diet and health goals. Additional strategies will be required to create effective food guidance materials that meet the needs of individuals who have dietary chronic disease management requirements.

Thus, communications messages and educational support materials must convey the spectrum of food product options available to consumers from both fresh and processed foods. The graphic must be flexible and educational components must reflect the reality of the forms in which consumers purchase and consume foods—fresh, minimally processed, juice, dried, canned, frozen, and multi-component foods.

There exists an abundant variety of processed foods through multi-component meals that provide high nutrition, convenience, and value to consumers. Whether it is a revised Food Guide Pyramid, an adaptation thereof, or a new graphic, food manufacturers must be able to use the graphic to illustrate how their food products, in forms as purchased, "fit" the food guidance system. NFPA believes this flexibility to responsibly depict individual foods, main dishes, and meals in the food guidance graphic will encourage understanding and use of food guidance by consumers.

NFPA recommends that this concept of allowing branded products to be depicted in the food guidance graphic be thoroughly evaluated with consumers. Several examples based on the current Food Guide Pyramid graphic describe this concept:

*Yogurt*: Allow the branded yogurt product to be depicted in the graphic in the milk, cheese, and yogurt group.

*Beans*: Allow depiction of a bag of beans or can of beans along with other foods in the appropriate categories—meat and meat alternate, and vegetable groups.

*Juice*: Allow the graphic to depict a glass or branded carton or container of juice in the fruit group.

Cady 3 of 4



*Raisins*: Allow depiction of a branded box or package of raisins in the fruit group.
*Canned or Frozen Vegetables*: Allow depiction of branded packages of vegetables; i.e., branded frozen broccoli package or branded can of green beans in the vegetable group.
*Multi-component meal*: Allow each component of a multi-component meal to be depicted in the graphic using relevant serving/portion sizes, such as chicken breast in the meat group, carrots in the vegetable group, and rice in the grains group.

***Communications Modes: Reaching Consumers***

Because of the individualized needs of consumers in their desire to craft healthful diets as part of healthful lifestyle, NFPA believes that multiple modes of communication and education are essential. Determining what is effective with consumers across a range of technologies, languages cultures, and motivation levels is critical. To achieve this, consumer understanding, testing, and evaluation of general and individualized messages is vital.

A critical component of food guidance education is to inform the public about servings and portions. To that end, NFPA wants to reiterate comments made earlier in the reassessment process about the critical need for harmony between serving and portion information across the *Dietary Guidelines*, food guidance system, and the Nutrition Facts panel on food labels. To maximize consumer benefit, NFPA believes that the food guidance system (as a component of *Dietary Guidelines*) should be compatible with serving sizes and use of household measures as used in nutrition labeling. We believe that if consumer nutrition education materials focus on servings, expressed as in nutrition labeling, tools such as the new food guidance materials and the Nutrition Facts panel can best be used to guide wise food choices for good health. The food industry can play a very positive role in the use food labels, websites and other communications methods to extend food guidance information.

Because of the inseparable link between physical activity and food intake for energy balance, weight maintenance, or weight loss, parallel materials are needed to motivate consumers about the need for physical activity as part of a healthful lifestyle. Existing food and activity pyramids for children provide a model from which to explore graphics and educational messages about both food and physical activity as part of a revised food guidance system for all age groups.

***Support of Comments by the Dietary Guidelines Alliance***

NFPA, a founding member of the Dietary Guidelines Alliance, enjoins and supports the comments submitted by the Alliance to this notice. Since its inception in 1995, the Alliance has been dedicated to providing consumers with concrete, practical advice about how to apply the Dietary Guidelines for Americans to their lives. We encourage USDA

to continue and strengthen the existing partnership with the Alliance to communicate to the public with consumer-tested, positive messages on food guidance.

In summary, as USDA proceeds forward with the next evolution of America's food guidance system, we encourage maximum flexibility of use and integration with government-wide, and other public and private efforts, to educate the public about "how to eat" and live healthful lifestyles taking full advantage of the processed and fresh foods available. Calories count, energy balance, and variety and enjoyment in food choices are themes to make America's trilogy of tools for healthful eating—*Dietary Guidelines for Americans*, food guidance, and nutrition labeling—a systematic and coordinated way to motivate the public to improved health.

We hope our comments are useful as CNPP refines and prepares a food guidance system that will serve as a motivational tool the American public so desperately needs it to become. If you have any questions, please contact Robert Earl, MPH, RD, Senior Director for Nutrition Policy at 202-639-5970; rearl@nfpa-food.org. Thank you for the opportunity to comment on these important issues.

Sincerely,

John R. Cady

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August 25, 2004

Kollmeyer
1 of 3

Eric Hentges, PhD
Executive Director, Center for Nutrition Policy and Promotion
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

Dear Dr. Hentges:

As you consider a new or revised food guidance system for Americans, and review the dietary recommendation set forth by the Dietary Guidelines Committee, we would like to provide additional information that might be helpful in considering graphic representations for the Meat and Beans group of the food guide.

As a good source of high quality protein, almonds are a natural fit for the Meat and Beans group. Because of their distinct nutrient-rich and heart-healthy profile, almonds should be included in the graphic representation of this group. The following outline provides benefits for increasing almonds' recognition in the Food Guide Pyramid.

***The inclusion of almonds helps communicate food choices that would encourage vitamin E consumption from whole food sources.***
To date, almonds have been recognized as an "excellent" and premier source of vitamin E. Specifically, almonds were recognized as a leading source of vitamin E in discussions at the January 2004 meeting of the Dietary Guidelines Advisory Committee. Additionally, almonds are included in Tables of the final report that places almonds as the second best food source of vitamin E, surpassed only by fortified breakfast cereals.

Vitamin E has also been identified as a priority nutrient in the preliminary report for proposed criteria for WIC food packages, increasing the importance of communicating food choices that offer vitamin E.

***The almond image adds to the plant-based protein sources already included in the food group (beans and peanuts) and helps to balance the recommendation implied by the icon.***
The Meat and Beans group communicates the need for nutrient-dense, protein-rich foods that also fit within a heart-healthy diet. The icon should continue to communicate the intersection of these nutritional imperatives and should also reflect a refreshing of the plant-based protein recommendation.

Peer-reviewed journals over the past 10 years have recorded the heart health effects of almonds in various studies including the PortfolioEatingPlan research published in Journal of the American Medical Association, dose-response research in the American Journal of Clinical Nutrition, and a meta-analysis of almond research published in The Federation of American Societies for Experimental Biology Journal, which demonstrated a four to nine percent reduction in LDL cholesterol when individuals consumed one to two ounces of almonds daily.

Acknowledging the wealth of science supports the position that almonds are a unique member of the tree nut family with the largest consistent body of research demonstrating a heart-ealth benefit, the highest vitamin E content and a measurable increase in vitamin E (alpha-tocopherol) status. Additionally, almonds offer more dietary fiber and calcium than any other tree nut.

***Given the increasing per capita consumption of almonds (up from 0.7 pounds/capita to 1.0 pounds/capita), including almonds in the new icon will encourage consumers to choose a food that they already enjoy and to make a nutrient-dense, heart-healthy food choice.***
Ongoing usage data show that almonds are the most-consumed tree nuts.

Attachment 1 illustrates what the revised Meat and Bean Group icon might look like with almonds added.

In conclusion, almonds increased popularity and consumption, essential nutrient package (particularly vitamin E) and unmatched heart health research among the tree nuts, make them a logical choice to enhance the Meat and Beans group icon.

We thank you for your consideration of this matter and welcome any questions or comments you may have.

Sincerely,

Stacey Kollmeyer

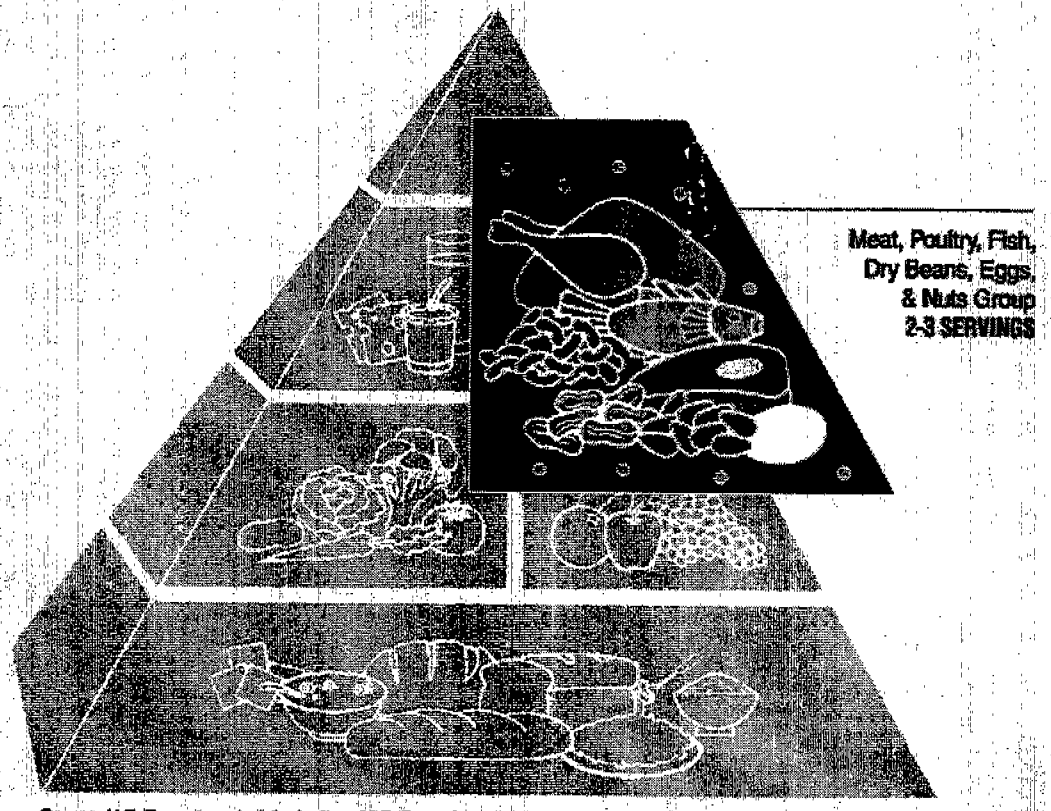
Karen Lapsley

Stacey Kollmeyer
Senior Manager, Communications
Almond Board of California

Karen Lapsley, ScD
Director of Scientific Affairs
Almond Board of California

**Attachment 1: Meat and Beans Group Icon with Almonds Added**

# Food Guide Pyramid
## A Guide to Daily Food Choices




Source: U.S. Department of Agriculture/U.S. Department of Health and Human Services

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August 26, 2004

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To Whom It May Concern:

I am writing to urge the Pyramid Re-assessment team to remove the Milk Group of the Food Guide Pyramid and call it the Calcium Group, including leafy green vegetables, etc. which the data supports as superior for provision and bio-availability of calcium. Not to be ignored is the vast proportion of the eating public that is lactose intolerant.

I also would like to suggest removing the Meat Group and calling it the Protein Group. Meat should be downplayed and other superior plant sources depicted.

As a concerned mother, improvements such as these would benefit not only the children but every age group in America. It's no secret that we have an obese and degenerately ill society.

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1.25 million heart attacks annually
Over 20 million type 2 Diabetics
1 in 8 Breast Cancer rate
High Rate of Crohns Disease
Third in the world for Osteoperosis
Stroke
High Blood Pressure
Colon Cancer
Prostate Cancer
The growing threat of vCJD ( now is the time to shine folks!) Just to mention a few.

Meat as you know is full of saturated fat and cholesterol trimmed or untrimmed, skinned or not and has NO FIBER.

Plant Foods on the other hand, are full of fiber and contain NO CHOLESTEROL and very little harmful fats in un-extracted form and plenty of quality protein.

The amount of Animals raised for food in this country –20 billion- and slaughtered for human consumption -10 billion- is ecologically untenable.

This is a good time to make a difference. Listen to the informed eating public not the Meat Industry or the Atkins Corporation!

I am certainly not suggesting you do as Dr. Neal Barnard and remove all animal products from the food groups..that would be IDEAL, but I am asking that you consider giving animal products a "bit- part" and making Plant Foods the All Stars....

Respectfully..

Theresa Anderson

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August 26, 2004

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria VA 22302

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AUG 27 2004

Dear Food Guide Pyramid Reassessment Team:

The Nutrition Committee of Puerto Rico developed its own adaptation of the Food Guide Pyramid, but depends on many educational materials produced on the mainland for general education of the population and for education of individuals that need specific dietary advice. Therefore, we circulated a questionnaire at the annual conference of the Dietitians and Nutritionists Association of Puerto Rico to get feedback on the general satisfaction with the pyramid as a teaching instrument and their appreciation of materials that have been translated for use with Spanish speaking audiences. Sixty Dietitians/Nutritionists, licensed in Puerto Rico answered the questionnaire.

The first question asked if they considered the pyramid effective for planning a nutritionally balanced diet. There was considerable support for the use of the pyramid. The problems most frequently mentioned were that it was difficult to go from the graphic to a practical use of the information, that the pyramid form gives the impression that the top part is more important than the bottom. Several stated that it easy to use. Half that number said that it was difficult to explain. Portions, and their sizes, are a major stumbling block. They also criticized the lack of differentiation between complex and simple carbohydrates and the implicit idea that all added fat is bad.

There was a general consensus that the pyramid shape should be retained. Among the suggestions to improve the graphic were to emphasize recommended foods in the graphic, change the dark background, show foods in their portion sizes and assure that it could be copied in black and white. Several mentioned that they thought a circle, pie chart or dinner plate would be better.

In terms of a food guidance system with a logo and messages the overwhelming majority indicated that there should be a distinctive graphic accompanied by educational messages. The graphic should form a basis for teaching and not just be a logo. In spite of the strong support for educational messages there was considerable criticism of materials of federal government agencies that have been translated into Spanish. They understand that the materials produced by government agencies in terms of the quality of the illustrations, the clarity of messages in English and the strong scientific basis. However, the majority indicated that the translations are not adequate because they use vocabulary that is distinct to that used in Puerto Rico. The illustrations, although very good, show foods that are not commonly used and do not use food habits that are common to Puerto Rico.

We understand that we represent a specialized population, but that Hispanics or Latinos are the largest non-English speaking minority in the United States and that many publications are translated into Spanish. We strongly recommend that attention be paid

to the translatability of whatever messages be adopted to facilitate their understanding for non-English populations.

The Nutrition Committee of Puerto Rico, for its long history in development of food guides for our population would be very glad to cooperate with the USDA in adaptation of materials for Hispanic/Latino audiences.

Rivera 2 of 2

Sincerely

Winna T. Rivera, PhD

Winna T. Rivera, PhD
President of the Nutrition Committee of Puerto Rico
University of Puerto Rico
Medical Sciences Campus
School of Public Health
Nutrition Graduate Program

San Juan, P.R

AUG 27 2004

Department of Public Instruction
Bismarck, ND
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Dr. Wayne G. Sanstead
State Superintendent

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August 26, 2004

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

Dear Food Guide Pyramid Reassessment Team:

Thank you for the opportunity to comment on the proposed food guide graphic presentation and education materials. The topic I will address in my comments is the graphic presentation for the Food Guidance System. I am making these comments based on over 25 years of experience as a nutrition educator with USDA Child Nutrition Programs. This includes many types and venues for teaching, developing and using daily food guide systems and the use and development of educational materials based on the Dietary Guidelines originally issued in 1980. I have worked almost 20 years with the NET Program and now the past 8 to 9 years with Team Nutrition, so I use the graphic and educational materials almost daily with many levels and ages of people.

**I feel very strongly that we need to retain the current shape and "basic look" of the Food Guide Pyramid (FGP).** There are many reasons we need to maintain this graphic and they are listed below. It is much more necessary to use available resources to update and simplify the FGP in the needed areas. The time and money saved in not "reinventing the graphic" could be used to develop new educational materials to teach and motivate people to put the food guide to practice. Here is why we need to retain the Food Guide Pyramid:

1. It is recognized by 80% of consumers and they generally know it is a daily food guide system (it took years to replace the Basic Four with the Food Guide Pyramid in the school setting).
2. Consumers, educators and anyone using it to teach, recognize and/or understand the basic principles it represents.
3. It has been used widely in the United States and adapted and used by others worldwide.
4. Developers of educational materials (outside of government publication and materials) have developed and marketed some excellent resources that would take us years and dollars we don't have to replace.
5. Industry has grasped the concept and joined in the education of the consumer by using the Food Guide Pyramid.

Current assessments/evaluations of the FGP support that we need to retain the graphic Pyramid shape. What consumers did not understand was serving sizes and other messages in the accompanying literature. We have done an excellent job of teaching and marketing the Pyramid over several years. We should not start over with a new graphic and everything it entails, such as printing, marketing and teaching. That is a large expense and challenge we need to avoid.

We need to build on the base we have started with the Pyramid. We can save much by just clarifying and simplifying the messages, and developing new educational materials. We do not need to start over.

I look forward to moving ahead with the updated food guide and related materials.

Sincerely,

Loris Freier

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Loris Freier, MS, RD, LRD
Assistant Director, Child Nutrition Programs
North Dakota Department of Public Instruction
Child Nutrition and Food Distribution Programs

Department of Public Instruction
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Dr. Wayne G. Sanstead
State Superintendent

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Glaser 1 of 1

August 26, 2004

Dear Food Guide Committee –

I would like us to maintain the current shape of the Food Guide Pyramid. The pyramid serves well as a visual tool to teach the public about healthy eating habits. I feel that it would be much more effective to maintain the familiarity of the pyramid shape and modify the message to encourage more whole grains, fresh fruits and vegetables and lower fat dairy and meat items. Along with this, a much stronger emphasis on normal portion sizes is needed. Certainly all of this and more can be achieved without sacrificing a symbol that is so widely recognized.

Thank you for your consideration.

Sincerely,

Linda Glaser

Linda Glaser, Manager
School Nutrition Programs
North Dakota Department of Public Instruction
Child Nutrition and Food Distribution Programs

Department of Public Instruction
Bismarck, ND

http://www.dpi.state.nd.us

Dr. Wayne G. Sanstead
State Superintendent

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August 26, 2004

Food Guide Pyramid Reassessment Team
USDA Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

Dear Reassessment Team:

Thank you for the opportunity to comment. In my opinion, the prospect of changing the pyramid graphic at this time would not be wise or prudent.

As we all know, the food guide pyramid is currently under scrutiny for advocating too many carbohydrates, and favoring specialty groups. None the less, it **is receiving attention** and forcing people to take a look at it. Even though the accompanying recommendations and resources will change, the graphic should remain the same because the general population is familiar with it.

I can't recall a nutrition tool in recent history that has received more attention, and I have been a licensed registered dietitian for more than 20 years. I believe we should ride the wave of publicity, turn a negative into a positive, and use the publicity to our advantage to provide sound and reliable nutrition information.

The new graphic and nutrition education materials that accompany the new recommendations should be aggressively marketed. The healthy eating; balance and moderation message needs to be as prevalent as the Atkins and South Beach Diet. We can't make a difference if no one hears or understands our message.

Respectfully,

Patrice S. Anderson

Patrice S. Anderson, LRD, MMgt.
Assistant Director
Coordinated School Health
ND Department of Public Instruction

Sloane

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August 24, 2004

AUG 27 2004

Sloane
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Dear Pyramid Assessment Team:

I do hope that in light of the rapidly increasing elderly population, many with elevated blood pressure, your new guidelines for eating right with include the importance of low-salt diets. Check out the packaged and processed foods in most supermarkets and you will be appalled at the amount of sodium contained. Good luck with your project.

Sincerely,

Barbara Sloane

Barbara Sloane

Oakland, CA